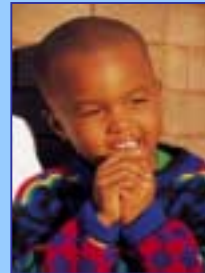


FY2003 Strategic Plan

Georgia Georgia
Department of Human Resources



July 1, 2002



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Section 1 **Background**

❑ **Section 1 Background**



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The **Guidelines for Georgia's FY2003 Strategic Planning Process** states:

***...transformation
requires both a
vision for the
future and the
resources to
take us there.***

The events of September 11, 2001 changed the world, our nation, and our state forever. Georgia today faces an external environment that is increasingly unpredictable and volatile. Threats to international and national security; changing demographics; increased cultural and ethnic diversity; economic uncertainty; global markets; the need for increased student academic achievement; and critical environmental issues—all present challenges as well as opportunities for the citizens of this state.

Unlike previous years, we find ourselves in a period of general economic downturn that has resulted in diminished state income and the subsequent need to maintain fiscal prudence by reducing agency spending. Decreased state fiscal resources has led to difficult and painful decisions about reducing State programs and services available to its citizens; and must be coupled with the need for unanticipated spending for new programs such as Homeland Security. Despite the negative economic indicators, our economy continues to diversify, along with increased demands for a more highly skilled workforce. Georgia remains on the list of the country's ten most populous states. New citizens continue to move to Georgia, attracted by work opportunities, a welcoming culture, mild climate, and a rich quality of life.

With this growing population comes increasing – and changing – expectations for a more responsive, more accessible government. Increasingly, citizens require government to protect, educate, and serve them in as cost-effective and efficient manner as possible. Governor Roy Barnes speaks often of the need to "*transform government*" – and transformation requires both a vision for the future and the resources to take us there.

FY2002 brought DHR additional opportunities for improvements in the form of legislative reforms and major changes throughout departmental leadership.

As one of the largest State agencies, the Department of Human Resources (DHR) is working aggressively and creatively to address these changes and challenges. FY2002 brought DHR additional opportunities for improvements in the form of legislative reforms and major changes throughout departmental leadership.

The Department serves all Georgia citizens through direct human service and financial assistance programs and regulatory inspection and oversight. The 20,000 DHR state and county employees manage over 100 programs in 1,000 locations and in all 159 counties. As such, each of these changes and issues noted above impacts the way DHR's workforce, processes and systems support delivery of a wide range of critical services to Georgians.

This document presents DHR's vision for the future. It is a consolidated FY2003 Strategic Plan that serves as DHR's response to the Governor's request for updated agency planning. This plan was prepared using the methodology detailed in the **Guidelines for Georgia's FY2003 Strategic Planning Process** developed by the Governor's Office of Planning and Budget, the Georgia Technology Authority and the Georgia Merit System.

All members of DHR's Leadership Team have actively participated in the development of this plan and have taken ownership of this plan. In each phase of the planning process, DHR sought input from all levels of management representing its four Divisions and thirteen Offices. The plan has also been reviewed and endorsed by the DHR Board of Directors, which has developed its own strategies to support this plan.

1. OBJECTIVES OF STRATEGIC PLANNING PROCESS

Key objectives of the DHR strategic planning process include:

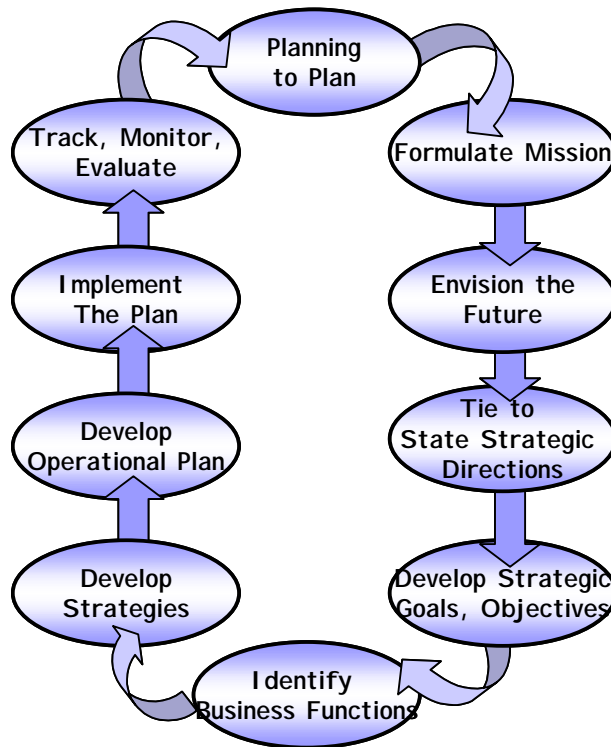
- Incorporating the strategic plan into the overall management process of DHR
- Identifying Department priorities relating to service delivery, IT initiatives and workforce needs
- Identifying strategies in which DHR Divisions and Offices can collaborate to meet stated Departmental goals and objectives
- Developing key measures to evaluate progress/success in achieving DHR's Strategic Goals and Objectives
- Identifying opportunities to leverage current and future resources to maintain or expand program coverage
- Complying with planning mandates contained in State laws and regulations

DHR's strategic plan is a Department plan – an overarching strategic direction to guide the planning and program-delivery efforts of all of its operating units.

DHR believes that the FY2003 plan builds on the achievements made in the FY2002 plan, which represented a significant improvement over prior efforts, primarily because it presented a more collaborative, Departmental strategic view - not simply a composite view of separate unit plans.

In FY2002, and again in FY2003, the DHR Leadership Team made a concerted effort to focus their planning efforts at the Department level in order to provide the necessary framework for aligning the goals, objectives and strategies in each Division and Office Operating Plan. This approach has improved the overall level of collaboration and coordination within the Department.

2. DHR FY2003 STRATEGIC PLANNING PROCESS



DHR's strategic planning process followed the **Georgia Strategic Planning Model** shown above. This process and its rationale is described further in **Appendix F – FY2003 Business Planning Model and Rationale**. In addition, this plan was developed in accordance with the **Consolidated Strategic Planning Process** shown in **Appendix B – Georgia Planning Process Diagram**.

2.1 STRATEGIC PLANNING APPROACH

DHR's approach for FY2003 Strategic Planning was driven by the commitment to actively and collaboratively engage representation from all Divisions and Offices within DHR's organization. Although the process was guided by a large, structured set of planning teams, many other employees throughout DHR were directly and indirectly involved. Many facilitated sessions were conducted to reach workable consensus on every aspect of the plan.

The first step of the planning process was the development of a consolidated Strategic Planning Workplan that included tasks, deliverables, responsibilities, and schedule.

The next step of DHR's strategic business planning for FY2003, was the generation and examination of an environmental scan, which included trends, challenges and issues in the following areas: Economic, Demographic, Technological, Social, Political/Legislative, Legal, Educational and Environmental.

***DHR's strategic
planning
approach
expanded on
State Guidelines.***

Although not required, a short version of an Environmental Scan had been generated as part of DHR's FY2002 planning. The information from this earlier scan was combined with State-Level Environmental Indicators from the **FY2003 Strategic Planning Guidelines**. Representatives from all DHR Divisions and Offices were then assembled for a facilitated brainstorming session. Multi-disciplinary input was generated for each key area of the Scan. People continued research using Georgia Merit System's **gScan** tool, and submitted additional ideas following this session. The sum of this input was consolidated into a final working copy of the **FY2003 DHR Environmental Scan (See: Appendix C)**.

All members of the DHR Leadership Team were then assembled for a 2-day facilitated planning session. Here, they reviewed and updated the Environmental Scan, and summarized these findings as key trends impacting DHR over the next three to five years.

Using these key trend directions, the Leadership Team then reviewed the FY2002 Plan and updated DHR's Vision, Mission, Goals, Objectives, Strategies and Long-term Outcomes. They reviewed and updated factors deemed critical to the success of the plan and listed factors that could inhibit successful plan implementation. Follow-on planning issues and updated strategic business planning documents were reviewed and approved by the entire DHR Leadership Team at subsequent meetings.

These business strategy updates formed the foundation for this year's strategic Technology and Workforce planning. The DHR Business Functions and Sub-Functions were reviewed and updated. Likewise, the DHR Core Strategic Planning Team reviewed and updated DHR's primary Subject Areas and Information Needs. Definitions were clarified and updated for each of these areas.

As further groundwork for technology planning, key information components were mapped in various combinations against business planning components using a series of matrices. The input for this matrix analysis was solicited in a series of planning meetings with the DHR strategic planning Core Team and various combinations of business and technology representatives from every DHR Office and Division. The matrix plottings revealed and validated various alignments among the business and information strategic planning components (e.g., Business Function alignment with Strategic Objectives).

DHR initiatives were inventoried (or updated, as needed). In the series of IT planning meetings, the Initiatives were mapped in various combinations against strategic business and information components (e.g., IT Initiative alignment with DHR Information Needs). The matrices were examined to validate DHR business and technology directions and priorities for FY2003 and beyond.

The largest and most complex planning effort for FY2003 is Workforce planning.

All of this DHR business and technology planning formed the groundwork from which this year's DHR Workforce Strategic Planning commenced. This year's workforce planning effort was significantly more extensive than any previous years' planning. It focused on transforming DHR's workforce model from a more traditional skills and experience model to a competency-based model, which is more effectively aligned with the actual behaviors, skills, knowledge and attributes needed to perform DHR jobs.

Like all other planning areas, Workforce Planning activities were driven by a multidisciplinary team representing not only DHR's Office of Human Resource Management, but also every Division and Office.

The Workforce Planning Team members led months of effort to assess DHR's future business and staffing outlook, assess diversity and turnover outlook, identify outcome priorities, identify needed vs. current workforce competencies, develop a series of strategies to address the gaps, and create a plan for implementation and outcome evaluation.

2.2 PLANNING TEAM COMPOSITION AND ROLES

The complete DHR strategic planning team was composed of the DHR Leadership Team, Program Representatives from the DHR Divisions and Offices, and Planners from key functional support units. A consulting firm, The North Highland Company, was engaged to provide project management support and facilitation. In addition, a multidisciplinary Core Team was designated to manage the overall planning process. The process directly and indirectly involved a large number of employees throughout the DHR organization.

The composition of each of the strategic planning teams is detailed below.

2.2.1 DHR Leadership Team

The complete Planning Team included executive, program and functional managers, and other employee representatives from throughout DHR

Name	Title	Division/Office
Martin, Jim	DHR Commissioner	Commissioner's Office
Blount-Clark, Juanita	Director	Division of Family & Children Services
Bramlett, Kenneth	Director	Office of Investigative Services
Elovich, Debra	Assistant Commissioner	Office of Policy & Government Services
Greene, Maria	Director	Division of Aging Services
Harris, Bill	Director	Office of Facilities & Support Services
Hurd, John	Deputy Commissioner Chief Information Officer	Commissioner's Office
Jones, Kenneth	Director	Office of Planning and Budget Services
Pfirman, Kate	Deputy Commissioner Chief Operating Officer	Commissioner's Office
Ricks, Larry	Director	Office of Audits
Riddle, Robert	Director	Office of Child Support Enforcement
Rotter, Martin	Director	Office of Regulatory Services
Russell, Linda	Director	Office of Information Technology
Sartain, John	Director	Office of Financial Services
Schwarzkopf, Karl	Director	Division of Mental Health / Developmental Disabilities / Addictive Diseases
Senterfitt, Jack	Assistant Commissioner Chief Legal Officer	Commissioner's Office
Swiney, Sylvia	Director	Office of Adoptions
Toomey, Kathleen	Director	Division of Public Health
Waymon, Rosa	Director	Office of Human Resource Management
Yarman, Dennis	Director	Office of Human Resource & Organization Development

2.2.2 Core Planning Team

The Core Planning Team guided the overall planning process.

Members of the Core Planning Team guided the overall strategic planning processes. This team consisted of representatives from the key planning entities: Commissioner's office, Office of Human Resource Management, Office of Information Technology, and Office of Planning and Budget Services.

In addition, DHR engaged the resources of the North Highland Company to provide project management and facilitation assistance.

Name	Title	Division/Office
Bricker, Jim	Project Management Director	Commissioner's Office
Calhoun, Rosemary	OHRM Planner	Office of Human Resource Management
Anderson, Susan	Manager, OIT Project Mgmt Office	Office of Information Technology
Scroggins, Blanie	IT Manager III	Office of Information Technology
Burgess, Ted	Strategic Planner 4	Office of Planning and Budget Services
Eng, Deborah	Project Manager Lead Facilitator	The North Highland Company
Marsh, Don	Strategic Planner	The North Highland Company
Ed Manning	Facilitator and HR Specialist	The North Highland Company
Kerri McBride	Facilitator	The North Highland Company
Faletti, Peter	Strategic Planner	The North Highland Company

DHR FY2003 Strategic Planning Coordinator:

Jim Bricker, DHR Project Management Director

Two Peachtree Street, NW, 29.262
Atlanta, GA 30303-3142

Phone: 404-657-5104

Fax: 404-651-8669

Email: jtbricker@dhr.state.ga.us

2.2.3 Division/Office Program Representatives

Division and Office representatives carried Strategic Planning themes into coordinated Operational Planning.

Name	Title	Division/Office
Bullard, Judy	Assistant Director	Office of Fraud & Abuse
Clark, Winnie	Chief-Administrative Development Unit	Division of Family & Children Services
Dougherty, Sharon	Assistant Director	Office of Regulatory Services
Driggers, Gary	Operations Analyst III	Office of Child Support Enforcement
Fuller, Judy	Constituent Services Director	Office of Policy and Government Services
Greer, Gail	Program Manager	Office of Adoptions
Hudson, Sharon	Operations Analysis Manager	Division of Aging Services
Johnson, Duane	Operations Services Manager	Office of Facilities and Support Services
Laszlo, John	OD Consultant 2	Office of Human Resource & Organization Development
Mack, Sandra	Special Assistant	Division of Family & Children Services
Martin, David	Assistant Director	Office of Financial Services
Meador, Darlene	Section Director	Division of Mental Health, Developmental Disabilities and Addictive Disorders
Mindlin, Michele	Director, Grants Development & Mgmt	Division of Public Health
Peterson, Greg	Program Evaluation Manager	Office of Audits

2.2.4 Office of Planning and Budget Services - Business Planning Team

**OPBS
representatives
provided critical
guidance for
business and
budget planning
efforts.**

Name	Title	Division/Office
Burgess, Ted	Core Team Leader Planning Administrator	Office of Planning and Budget Services
Bray, Mary Alice	Planner 1	OPBS - Division of Mental Health, Developmental Disabilities and Addictive Disorders
Cone, Margaret	Planner 2	OPBS - Division of Mental Health, Developmental Disabilities and Addictive Disorders
Desbordes, Cheryl	Planner 2	Office of Planning and Budget Services
Devine, Rich	Planner 2	OPBS - Division of Aging Services
Gilbert, Sonia	Planner 2	Office of Planning and Budget Services
Henderson, Ron	Coordinator	Office of Planning and Budget Services
Leaphart, Synetra	Planner 2	Office of Planning and Budget Services
Nelms, Barbara	Planner 2	Office of Planning and Budget Services
Wilson, Hilroy	Planner 2	Office of Planning and Budget Services

2.2.5 DHR Workforce Planning Team

**A
multidisciplinary
Workforce
Planning Team
tackled a new
and complex
planning effort.**

Name	Title	Division/Office
Anderson, Carolee	OHRM Analyst and Facilitator	Office of Human Resource Management
Calhoun, Rosemary	WFP Core Team Leader	Office of Human Resource Management
Davis Millions, Greedy	OHRM Analyst and Facilitator	Office of Human Resource Management
Eng, Deborah	Consulting Project Manager	North Highland Company
Gosier, Celeste	OHRM Analyst and Facilitator	Office of Human Resource Management
Jackson-White, Geraldine	Family and Children's Services SME	Division of Family and Children Services
Krysak, Bill	OHRM Analyst and Facilitator	Office of Human Resource Management
Kullen, Dan	Child Support Enforcement SME	Office of Human Resource Management
Manning, Ed	Consulting HR Specialist	North Highland Company
Meador, Darlene	Mental Health SME	Division of Mental Health Developmental Disabilities and Addictive Diseases
Nagel, Gary	Management Champion; Diversity Specialist	Office of Human Resource Management
Perreault, Richard	IT SME	Office of Information Technology
Pisor, Nancy	Public Health SME	Public Health
Sheats, Joann	Board of Health SME	Dekalb County Board of Health
Thomas, Anita	OHRM Analyst and Facilitator	Office of Human Resource Management
Thompson, Pam	Public Health SME	Public Health
Walters, Charlie	Mental Health SME	Division of Mental Health Developmental Disabilities and Addictive Diseases
Waymon, Rosa	OHRM Executive Sponsorship	Office of Human Resource Management

2.2.6 DHR Information Technology Planning Team

The Information Technology Planning Team focused on business need solutions.

Name	Title	Division/Office
Anderson, Susan	Core Team Leader (1) OIT PMO Unit Chief	OIT - Project Management Office
Anderson, Jim	Unit Chief	OIT - DPH/DMHDDAD/DAS/Admin Offices
Blankenship, Jeff (CSE)	Business Analyst Supervisor	OIT – Office of Child Support Enforcement
Etheredge, Mike	IS Unit Chief	OIT – Division of Public Health
Johnson, Charmaine	Business Analyst Supervisor	OIT – Division of Public Health SACWIS and Portal initiatives)
Martin, Jere	Application Systems Manager	OIT – Administrative Offices and Division of Aging
Maschke, Kathy	Business Analyst Supervisor	OIT - Project Management Office
Phillips, Sheila	Business Analyst Supervisor	OIT – Division of Family and Children's Services
Schuster, Mike	Applications Systems Manager	OIT – Division of Public Health
Scroggins, Blanie	Core Team Leader (2) IT Manager III	OIT Director's Office
Sims, Lynn	Unit Chief	OIT - Division of Family and Children Services and Office of Child Support Enforcement
Tucker, Pat	IT Section Manager	OIT Division of Family and Children Services/Office of Child Support Enforcement/Special Projects
Tumlin, Diane	IS Agency Manager	OIT - Special Projects
Watts, Dean	IT Section Manager	OIT – Administrative Offices and Division of Aging
Wingfield, Marion	IT Coordinator	OIT – Division Mental Health, Developmental Disabilities and Addictive Diseases

2.3 KEY PLANNING EVENTS

Following is a list of key events supporting the development of DHR's FY2003 Strategic Plan.

The schedule was aggressive; meeting it required focused efforts by all parties.

Date	Event
March 15	Strategic planning project kickoff
March 25-26	DHR Leadership Team retreat to develop mission, vision, strategic goals, strategic objectives, critical success factors, success inhibitors and business functions
March 15 – May 31	Division and Office meetings and activities to identify and rank IT initiatives, develop and update IT strategies Workforce planning meetings and activities to complete Workforce Planning strategic planning
May 7	DHR Leadership Team meeting to approve IT initiative rankings and Workforce planning approach
May 15-17	Initial review of Business plan with DHR Board; Board develops its own supporting Strategies
May 31	Draft of plan submitted to DHR Leadership Team for review
June 7	Review of draft by DHR Leadership Team and consideration of Department-level Strategies
June 28	DHR FY2003 Strategic Plan submitted to OPB/GTA/GMS;
July 31	DHR Divisions / Offices complete FY2003 Operating Plans

3. KEY STRATEGIC PLAN COMPONENTS

The subsequent sections of this document present the following key components of the DHR FY2003 Strategic Plan:

- Section 2: ***Business Strategy***
- Section 3: ***IT Planning***
- Section 4: ***Workforce Planning***
- Section 5: ***Measuring Plan Performance***
- Section 6: ***Link to Results-Based Budgeting***
- Appendices

Section 2 ***Strategic Business Planning***

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- **[Section 2 Strategic Business Planning](#)**
- [Section 3 Strategic Information Planning](#)
- [Section 4 Strategic Workforce Planning](#)
- [Section 5 Measuring Plan Performance](#)
- [Section 6 Link to Results-Based Budgeting](#)



1. [Environmental Scan](#)
2. [DHR Mission Statement](#)
3. [DHR Vision Statement](#)
4. [Goals, Objectives, Strategies, Long-Term Outcomes](#)
5. [Link to State Strategic Directions](#)
6. [Critical Success Factors](#)
7. [Success Inhibitors](#)
8. [Business Functions](#)
9. [Business Organization](#)
10. [Strategic Business Planning Implementation Considerations](#)

This section describes the Strategic Business Planning portion of DHR's consolidated strategic planning process. This planning was completed in accordance with the **Guidelines for Georgia's FY2003 Strategic Planning Process**.

The following sub-sections summarize the results of DHR's strategic business planning.

1. ENVIRONMENTAL SCAN

Major changes in a variety of environmental areas have had a direct impact on DHR's planning this year.

As part of the DHR's FY2003 strategic business planning, DHR's FY2002 Environmental Scan was reviewed and updated in multi-disciplinary facilitated sessions that included representatives from all Offices and Divisions. Statewide Indicators from the FY2003 Guidelines and other items located using Georgia Merit System's gScan tool were included in the draft. In addition, subject matter experts on various topics were called on to offer research and information about other new items and their suggested impacts on DHR. A complete copy of the detailed FY2003 Environmental Scan is included in **Appendix C**.

In a separate facilitated session, the DHR Leadership Team members reviewed the detailed Environmental Scan and summarized the scan items under the following set of 12 key trends

considered most likely to have a significant impact on DHR during FY2003:

1. Increasing diversity and changing demographics of Georgia's population, families and workforce

Key Impacts:

- a. Requires changes in DHR's service delivery system to accommodate different cultures that address a wider range of life-style, health and assistance-seeking behaviors.
- b. Creates a growing need for a multi-lingual workforce to serve DHR's client base
- c. Compels DHR to alter its recruiting and training processes

2. Increasing proportion of Georgia's population over the age of 65

Key Impacts:

- a. Creates growth in the future need for DHR services
- b. Provides opportunity for recruiting from a more experienced pool of applicants
- c. Requires more flexible workplace rules

3. Increasing number of children living in poverty in Georgia

Key Impacts:

- a. Generates higher demand for DHR services
- b. Increases caseloads per DHR employee that could exceed service delivery capacity

4. Increasing level of public accountability for State programs and expenditures

Key Impacts:

- a. Provides opportunity for DHR to promote agency's effectiveness
- b. Requires more management and staff time to respond in a prompt and integrated fashion to requests for information
- c. Requires continuing focus on customer service and communication

5. Rising costs of health care

Key Impacts:

- a. Raises cost of providing medical care and pharmaceuticals to DHR clients
- b. DHR employee caseloads may increase as people shift to public support for health care-related services

6. Decreasing funds (proportionately) to meet social service needs

Key Impacts:

- a. Increases need to develop and expand relationships with key stakeholders

- b. Increases competition within DHR for limited resources

7. Increasing difficulty in recruiting and retaining experienced workforce

Key Impacts:

- a. Reduces the DHR knowledge base and efficiency
- b. Lowers overall employee satisfaction

8. Expanding role of technology in both the lives of DHR's clients and in the delivery of social services

Key Impacts:

- a. Raises the demand for electronic delivery of social services
- b. Accelerates the need for technology investment in required systems, infrastructure, and equipment

9. Increasing awareness of / demand for DHR services

Key Impacts:

- a. Increases in demand for all DHR services
- b. Increasing demands that DHR address problems that are preventable with early intervention

10. Increased focus on terrorism, defense and security since 9/11/2001

Key Impacts:

- a. Requires increasing collaboration with a variety of local, state, and federal agencies
- b. Requires an increased focus on staff and funding for emergency and bio-terrorism response preparedness

11. Increased demand for security and privacy of consumer information

Key Impacts:

- a. Compliance with emerging Federal (HIPAA) privacy and security regulations will require significant funds and dedicated work effort by DHR employees
- b. Compliance with privacy and security regulations will require system modifications as well as far-reaching changes to policies and procedures in all areas of DHR

12. Public policy changes over time

Key Impacts:

- a. Policy changes may trigger changes in DHR service delivery systems
- b. Requires proactive planning for potential shifts in service needs, priorities and funding sources

2. DHR MISSION STATEMENT

The DHR Mission Statement answers the following questions regarding the organization:

- **Who** are the primary customers?
- **What** customer needs is the agency attempting to fill?
- **Why** does the agency exist?
- **How** does the agency accomplish its function?

It is a statement of the overall purpose of the organization.

***The Georgia Department of Human Resources,
in partnership with others, will effectively deliver
compassionate, innovative, and accountable services
to individuals, families and communities.***

3. DHR VISION STATEMENT

The DHR Vision Statement is a concise declaration of the direction that DHR is planning to take into its preferred future.

Georgians living safe, healthy, and self-reliant lives

4. GOALS, OBJECTIVES, STRATEGIES, LONG-TERM OUTCOMES

A strategic **goal is a broad area of endeavor that must be addressed if DHR is to make progress towards its vision.** DHR Leadership examined and re-confirmed the five goals developed for FY2002, and added a sixth goal to represent DHR's increased focus on security, bio-terrorism, and emergency preparedness.

A strategic **objective is a statement of what DHR wants to achieve over a specific period of time**—generally 1 to 3 years—in order to move forward toward the agency's mission and vision. Since the FY2003 Budget was already finalized before FY2003 Strategic Plan development, the timeline for most of DHR's Strategic Objectives is FY2004 and beyond.

DHR's Goals and Objectives have been specifically developed with input from, and collaboration among, DHR's multiple Divisions and Offices.

DHR's Strategic Objectives are specific, quantifiable, realistic targets that measure the accomplishment of a goal over a specified period. The objectives for FY2003 are not the sum of objectives developed by individual Divisions and Offices. Rather, these objectives have been developed at the Department level, and require input from, and promote collaboration among, multiple Divisions and Offices. DHR has developed specific measures for each Strategic Objective that will be incorporated in the on-going management and operational processes for DHR. These measures are detailed in **Section 5** of this document.

A **strategy proposes means by which goals will be implemented.** DHR developed strategies that may support more than one Objective.

A **long-term outcome expresses the desired and expected result to be achieved over an extended period of time.** DHR developed objectives that may promote more than one outcome.

The following pages present DHR's FY2003 strategic goals with their associated objectives, strategies and expected long-term outcomes. The linkages among objectives, strategies and outcomes are also identified.

4.1 STRATEGIC GOAL #1: SERVICES

Quality services are improved, expanded, and delivered in an integrated manner based on our customers' needs.

<u>Objectives</u>	<u>Strategies</u>	<u>Long-Term Outcomes</u>
<p>By the end of FY2004, DHR will increase by 10% the percentage of the State's population that has access to consolidated DHR services.</p> <p><i>Addressed by Strategy(s): 1,4</i> <i>Yield Outcome(s): A,B,C,D,E</i></p> <p>By the end of FY2004, at least 90% of DHR clients will indicate to DHR that services have met or exceeded their expectations.</p> <p><i>Addressed by Strategy(s): 1,3</i> <i>Yield Outcome(s): A,B,C,D,E</i></p> <p>By the end of FY2004, DHR will reduce by 10% the incidence of repeated, substantiated domestic violence, or abuse or neglect of vulnerable people.</p> <p><i>Addressed by Strategy(s): 1,2,3,5</i> <i>Yield Outcome(s): A,C</i></p> <p>By the end of FY2005, DHR will increase by 15% the number of DHR job-targeted clients who have retained employment for at least six months.</p> <p><i>Addressed by Strategy(s): 1,3,5</i> <i>Yield Outcome(s): A,B,D</i></p> <p>By the end of FY2004, DHR will decrease by 10% the number of children reporting underage tobacco, alcohol use, and/or illicit drug use.</p> <p><i>Addressed by Strategy(s): 1,3,5</i> <i>Yield Outcome(s): A,C</i></p>	<ol style="list-style-type: none"> 1. Develop a collaborative plan to establish comprehensive services within DHR or in partnership with other public and private sector organizations to address the needs of specific populations. 2. Use competency-based recruiting and retention strategies to hire and retain qualified additional resources for long-term care. 3. Enhance screening criteria and recruiting procedures to increase the number of qualified providers. 4. Engage in cross-Divisional collaborative planning to increase the number of sites where complementary services are co-located. 5. Establish integrated Departmental tracking mechanism(s) to gather data and establish baseline measures on children and adults placed and served in community settings. 	<ol style="list-style-type: none"> A. Improved overall health status for all Georgia citizens B. Improved economic status for lower-income Georgia citizens C. Fewer children and older Georgians being abused, neglected or exploited D. More older Georgians leading independent and self-sufficient lives for longer periods of time E. Improved quality community services

STRATEGIC GOAL #1: SERVICES (Continued...)

Quality services are improved, expanded, and delivered in an integrated manner based on our customers' needs.

<u>Objectives</u>	<u>Strategies</u>	<u>Long-Term Outcomes</u>
<p>By the end of FY2005, DHR will increase by 5% the number of children placed and served in community settings based on their assessed needs.</p> <p><i>Addressed by Strategy(s): 1,3,5</i> <i>Yield Outcome(s): A,C,E</i></p> <p>By the end of FY2005, DHR will increase by 5% the number of adults placed and served in community settings based on their assessed needs and preferences.</p> <p><i>Addressed by Strategy(s): 1,2,3,4,5</i> <i>Yield Outcome(s): A,C,D,E</i></p> <p>By the end of FY2005, DHR will meet or exceed annual performance goals and objectives of the Food and Nutrition Service of the USDA.</p> <p><i>Addressed by Strategy(s): 1</i> <i>Yield Outcome(s): A,C,D,E</i></p>	<p>(....same)</p> <ol style="list-style-type: none"> 1. Develop a collaborative plan to establish comprehensive services within DHR or in partnership with other public and private sector organizations to address the needs of specific populations. 2. Use competency-based recruiting and retention strategies to hire and retain qualified additional resources for long-term care. 3. Enhance screening criteria and recruiting procedures to increase the number of qualified Providers. 4. Engage in cross-Divisional collaborative planning to increase the number of sites where complementary services are co-located. 5. Establish integrated Departmental tracking mechanism(s) to gather data and establish baseline measures on children and adults placed and served in community settings. 	<p>(....same)</p> <ol style="list-style-type: none"> A. Improved overall health status for all Georgia citizens B. Improved economic status for lower-income Georgia citizens C. Fewer children and older Georgians being abused, neglected or exploited D. More older Georgians leading independent and self-sufficient lives for longer periods of time E. Improved quality community services

4.2 STRATEGIC GOAL #2: WORKPLACE

The DHR workplace environment is enhanced and maintained to support and attract highly motivated, well-trained, customer-focused employees, and to develop future leaders and diversity in the workforce.

Objectives	Strategies	Long-Term Outcomes
<p>DHR will reduce employee turnover by 1% per year as computed by the Georgia Merit System. <i>Addressed by Strategy(s): 1,4</i> <i>Yield Outcome(s): A,B,C</i></p> <p>By the end of FY2004, DHR will have 100% of new employees complete an orientation to DHR within 1 quarter of being hired. <i>Addressed by Strategy(s): 3</i> <i>Yield Outcome(s): A,B</i></p> <p>By the end of FY2004, DHR will have 50 managers complete the Executive Leadership Program. <i>Addressed by Strategy(s): 1</i> <i>Yield Outcome(s): A,B,C</i></p> <p>By the end of FY2004, 55% of promotions to pay grade 19 or higher will come from within DHR. <i>Addressed by Strategy(s): 1,5</i> <i>Yield Outcome(s): B,C</i></p> <p>By the end of FY2004, DHR will record a 10% increase in employee satisfaction using the FY2002 DHR Employee Satisfaction Survey as the baseline score. <i>Addressed by Strategy(s): 4</i> <i>Yield Outcome(s): B</i></p> <p>By the end of FY2003, DHR will meet or exceed FY2003 Goals and Objectives of the Georgia Diversity Council Guidelines. <i>Addressed by Strategy(s): 7,8,9,11</i> <i>Yield Outcome(s): D</i></p> <p>By the end of FY2004, 50% of people in the DHR jobs or job groups defined in the FY2003 Workforce Planning will have received competency-based training. <i>Addressed by Strategy(s): 1,2,3,5,6,10</i> <i>Yield Outcome(s): A,B,C</i></p>	<ol style="list-style-type: none"> 1. Develop an Executive Leadership program and continue current leadership activities. 2. Require Customer Service training for all employees. 3. Purchase and implement a statewide DHR Training Tracking system to manage delivery of all types of orientation and training. 4. Develop 2-3 strategies to address Department-wide workplace concerns identified in the FY 2002 DHR employee satisfaction survey in the following areas: <ul style="list-style-type: none"> ■ Communication - including access of employees to information, policies and procedures; ■ Recruitment and retention - streamlining the hiring process, actively marketing the organization and its employees; ■ Recognition of employees - rewarding and recognizing good performance and effective teamwork; ■ The basic requirement that each employee be treated with respect at all times. 5. Develop competencies for 30 critical jobs or job groups by the end of FY2003. 6. Perform competency-based training needs analyses for FY2003 WFP targeted jobs or job groups. 7. Establish within the Leadership Team a Diversity Steering Committee by July 1, 2002. 8. Develop a diversity Project Charter by August 1, 2002, which sets forth the purpose, expectations and deliverables for a project work team. 9. Establish a DHR Diversity Project Work Team with division/office representation by September 1, 2002, to develop the DHR Diversity Plan. 10. Develop a competency-based DHR Training Plan for the jobs or job groups defined in the FY2003 Workforce Planning. 11. Complete a comprehensive DHR Diversity Plan that includes a common definition of diversity and strategies for managing and valuing diversity that are consistent with Georgia Diversity Council Guidelines. 	<ol style="list-style-type: none"> A. Competent employees delivering DHR services B. Highly satisfied employees and DHR clients C. Prepared candidate pool for key leadership positions D. An organization that recognizes, promotes and reflects the value of a diverse workforce through its management practices, policies and procedures, and organizational goals

4.3 STRATEGIC GOAL #3: OPERATIONS*The efficiency and effectiveness of Department operations are improved.*

<u>Objectives</u>	<u>Strategies</u>	<u>Long-Term Outcomes</u>
<p>By the end of FY2004, DHR will decrease by 10% the time needed to determine a person's eligibility for targeted DHR service(s). <i>Addressed by Strategy(s): 2,3</i> <i>Yield Outcome(s): A,B,C</i></p> <p>By the end of FY2004, DHR will decrease by 15% error rates on targeted measures. <i>Addressed by Strategy(s): 1,2,3,4</i> <i>Yield Outcome(s): A,B,C</i></p> <p>By the end of FY2003, DHR will increase by 3 the numbers of key departmental business functions (or sub-functions) that are targeted for DHR enterprise-wide business process re-engineering studies. <i>Addressed by Strategy(s): 1,2,3,4</i> <i>Yield Outcome(s): A,B,C,D</i></p> <p>DHR will achieve 100% compliance with Federal law and regulations pursuant to HIPAA schedules (deadlines) and requirements for Administrative Simplification, DHR Security and Information Privacy. <i>Addressed by Strategy(s): 5,6,7,8</i> <i>Yield Outcome(s): D,E</i></p>	<ol style="list-style-type: none"> 1. Develop enterprise-wide standards for Business Process Planning that promote consistent and effective BPR efforts. 2. Identify a minimum of 2 target areas for reducing the time to determine eligibility for DHR services. Capture baseline data for processes in each area and design and implement operational improvement strategies. 3. Review / revise / streamline DHR policies and procedures that may contribute to delays or errors in service delivery. 4. Identify a minimum of 3 target areas of operational errors. Collect baseline data for each error. Develop a plan for error reduction. 5. Appoint a HIPAA Compliance Manager, a Privacy Officer and a Security Officer. 6. Complete DHR-wide HIPAA assessment and gap analysis as soon as possible within FY2003. 7. Implement DHR Privacy Policies by April 2003. 8. Implement DHR Security Policies per schedules of Departmental, State and emerging Federal requirements. 	<ol style="list-style-type: none"> A. Decreased unit cost of service delivery B. Streamlined service delivery processes C. Reduced time required to deliver services D. Improved, secure data- and process-based management of our clients' private personal health information E. Timely compliance with critical Federal regulations

4.4 STRATEGIC GOAL #4: STAKEHOLDERS*Positive relationships with key stakeholders are developed and nurtured.*

<u>Objectives</u>	<u>Strategies</u>	<u>Long-Term Outcomes</u>
<p>By the end of FY2004, DHR will increase positive and neutral media reports by 10%, and decrease negative media reports of DHR by 10%. <i>Addressed by Strategy(s): 1,3,5,6</i> <i>Yield Outcome(s): A</i></p> <p>By the end of FY2004, DHR will increase by 5% the total DHR funding from Federal and local government sources. <i>Addressed by Strategy(s): 2,6</i> <i>Yield Outcome(s): B,C</i></p> <p>By the end of FY2004, DHR will increase by 30% the total amount of private funding for DHR programs. <i>Addressed by Strategy(s): 2,6</i> <i>Yield Outcome(s): B,C</i></p> <p>By the end of FY2003, DHR will respond to at least 95% of initial customer inquiries within 3 working days. <i>Addressed by Strategy(s): 1,4,6</i> <i>Yield Outcome(s): A,D</i></p>	<ol style="list-style-type: none"> 1. Develop a proactive DHR Communications Plan for promoting positive communication lines with key Stakeholders, including the media. 2. Identify and pursue additional fund sources; more formally define strategies, methods, and responsible persons for fund acquisition. 3. Promote DHR successes and accomplishments to the general public and in a variety of stakeholder communications. 4. Design and develop (or acquire) coordinated DHR-wide processes and tools for tracking and responding to customer inquiries more efficiently and effectively. 5. Establish a baseline of positive and negative media reports. 6. Continue to design and develop ways the Portal can be used to interact with, and provide needed information to, DHR Stakeholders. 	<ol style="list-style-type: none"> A. Improved DHR public image B. Increased funding sources for programs C. Leveraged resources outside of DHR for service delivery D. Improved public responsiveness

4.5 STRATEGIC GOAL #5: INFORMATION TECHNOLOGY

Accurate, timely and integrated data is developed and shared to support service delivery, while securing the data and protecting individuals' rights.

<u>Objectives</u>	<u>Strategies</u>	<u>Long-Term Outcomes</u>
<p>DHR will increase the number of applications that provide data to a department-wide Decision Support System by two (2) by the end of FY2004, and by five (5) by the end of FY2005.</p> <p><i>Addressed by Strategy(s): 1,2,3,7,8,9</i> <i>Yield Outcome(s): A,D</i></p> <p>By the end of FY2004, DHR will reduce by 80% intra-departmental data duplication in targeted systems.</p> <p><i>Addressed by Strategy(s): 1,2,3,7,8,9</i> <i>Yield Outcome(s): A,D</i></p> <p>DHR will achieve 100% compliance with Administrative Simplification and IT Security Federal law and regulations pursuant to HIPAA schedules (deadlines) and requirements.</p> <p><i>Addressed by Strategy(s): 4,5,6</i> <i>Yield Outcome(s): B,C</i></p>	<ol style="list-style-type: none"> 1. Develop an initial integrated set of DHR data sharing business rules by the end of FY2003. 2. Perform a BPR to address DHR information and processes needed to support more effective and efficient DHR decision-making. 3. Improve business interfaces between OIT, internal DHR Divisions and Offices and external entities and stakeholders by initiating a business process reengineering (BPR) analysis to identify process improvement and quality measures for all OIT functional units. 4. Complete a detailed assessment and Gap Analysis of DHR's compliance with HIPAA transaction code set requirements. Manage implementation to achieve Code Set standardization across DHR systems. 5. Complete a detailed assessment and Gap Analysis of DHR's management of data security. Manage implementation to achieve meet HIPAA data security requirements across DHR systems and networks. 6. Review and update DHR's Disaster Recovery systems and procedures. 7. Develop systematic processes for prioritizing and monitoring major DHR (IT and non-IT) projects in relationship to this Strategic Plan and EMAP considerations. 8. Develop clear processes for prioritization and implementation with the State's Portal Program; consider EMAP criteria-based methodology. 9. Continue to develop and enhance effective working relationships with GTA by establishing more frequent and clear communication. 	<ol style="list-style-type: none"> A. Expanded electronic access to DHR data and services across Divisions and Offices B. Secure DHR data on a daily basis C. Recoverable DHR data and systems in case of emergency D. Accurate and timely data used in decision making by DHR and others

4.6 STRATEGIC GOAL #6: EMERGENCY RESPONSE PREPAREDNESS

DHR is prepared to respond effectively to national, state and local emergencies in coordination with other agencies.

<u>Objectives</u>	<u>Strategies</u>	<u>Long-Term Outcomes</u>
<p>DHR will increase the proportion of DHR Regions with an approved Plan with other agencies for:</p> <ul style="list-style-type: none"> ○ General Emergency – To 100% by end of FY2003 ○ Bio-terrorism – To 100% by end of FY2003 <p><i>Addressed by Strategy(s): 1,3,4,5</i> <i>Yield Outcome(s): A,B</i></p> <p>DHR will increase the proportion of DHR Regions with successfully executed Test and Training Plans for:</p> <ul style="list-style-type: none"> ○ General Emergency – To 100% by end of FY2003 ○ Bio-terrorism – <ul style="list-style-type: none"> ▪ To 50% by end of FY2003 ▪ To 85% by end of FY2004 ▪ To 100% by end of FY2005 <p><i>Addressed by Strategy(s): 2,3,4,5</i> <i>Yield Outcome(s): A,B</i></p>	<ol style="list-style-type: none"> 1. Develop state level General Emergency and Bio-terrorism Plan templates for use in each district. 2. Develop DHR technology infrastructure to support emergency response planning, testing and training. 3. Develop a project management plan that includes specific tasks for testing and training; monitor progress against this plan. 4. Conduct testing of all plans; monitor test execution results. 5. Conduct training for district and local staff on emergency response; confirm strategies for re-training. 	<ol style="list-style-type: none"> A. Developed and tested emergency response plans with other agencies B. Agencies are able to communicate and operate during times of emergency

5. LINK TO STATE STRATEGIC DIRECTIONS

DHR's Strategic Goals align well with the State's Strategic Directions.

Per the State's FY2003 strategic planning guidelines, the strategic goals and initiatives of each agency should relate to and support as closely as possible one or more of the State's eight primary policy areas. The eight primary policy areas in the State of Georgia's Strategic Plan are:

1. **Education**
2. **Protection of People and Property**
3. **Statewide Economic Prosperity**
4. **Transportation and Land Use**
5. **Clean Water and Environmental Stewardship**
6. **Community Health**
7. **Accountable Government**
8. **Technology**

The following table illustrates the link of DHR's Strategic Goals with the State's Strategic Directions:

<u>DHR Strategic Goals</u>	<u>State Strategic Directions</u>							
	1 Education	2 Protection People/Property	3 Statewide Economic Prosperity	4 Transportation and Land Use	5 Clean Water, Environmental Steward.	6 Community Health	7 Accountable Government	8 Technology
1. Improve and expand quality services in an integrated manner based on our customers' needs	X	X	X	X	X	X	X	X
2. Enhance and maintain an environment that supports and attracts highly motivated, well-trained, customer-focused employees and that develops future leaders and diversity in the workforce	X		X			X	X	X
3. Improve the efficiency and effectiveness of Department operations			X				X	X
4. Develop and nurture positive relationships with key stakeholders						X	X	
5. Develop and share accurate, timely, and integrated data to support service delivery, while securing the data and protecting individuals' rights		X				X	X	X
6. Be prepared to respond effectively to national, state and local emergencies in coordination with other agencies		X		X	X	X	X	X

DHR Support of State of Georgia Strategic Directions

The relationship matrix (above) demonstrates the varying degrees of alignment of DHR's Strategic Goals to State Strategic Directions. In particular, DHR's Strategic Goal #1 (**Improve and expand quality services in an integrated manner based on our customers' needs**) aligns with all State Policy Areas.

1. **Education** - The health and well being of DHR clients (and their corresponding needs for services) are directly related in many cases to the amount of education and their educational achievements. Educational environments are frequently a part of integrated service delivery. DHR services support Education for Georgia's Future by encouraging school attendance and parental involvement in their children's education as a part of TANF. DHR services to reduce substance abuse, to assist children with developmental and learning disabilities, and to ensure proper immunizations are all examples of DHR support for this State Strategic Direction. In addition, DHR is increasingly relying on a quality educational system to provide a high quality workforce.
2. **Protection of People and Property** – In the current environment, DHR is increasingly under the spotlight as a key agency providing public emergency and bio-terrorism readiness planning. DHR services (supported by integrated data systems) also promote protection of people and property through a variety of programs aimed at protecting children, older Georgians and other at-risk populations. DHR services promote greater independence among older Georgians, which enhances their physical security.
3. **Statewide Economic Prosperity** – To the extent that DHR services and operations improve personal health, safety and self-reliance, they contribute directly to the economic stability and contribution potential of all Georgians. DHR services further support statewide economic prosperity by helping individuals cope with economic crises and by supporting them in their efforts to find and keep gainful employment. Conversely, the availability and quality of DHR services rely on funding supported by Georgia's economic prosperity.
4. **Transportation and Land Use** – Efficient, reasonable access to needed services is critical to DHR clients, who, in many cases rely on State-supported transportation. Improvements in public transportation are thus a key interest to DHR. In addition, DHR's workforce is spread throughout the State. DHR is evaluating creative alternatives (e.g., distance learning, tele-work, computer conferencing) to traditional transportation for employees and clients.

5. **Clean Water and Environmental Stewardship** – DHR offers Public Health services (e.g., septic tank inspections, lead analyses) that contribute to a clean and safe environment for Georgians.
6. **Community Health** – DHR offers a wide spectrum of community-based services to Georgians of all ages. Examples of DHR programs and services promoting community health include: health screening, vaccination tracking, communicable diseases monitoring, environmental inspections, pre-natal education, Medicaid eligibility determination, and wellness and prevention education programs.
7. **Accountable Government** – DHR is a highly visible agency in Georgia government. All of DHR's FY2003 Strategic Goals promote accountable government by improving the quality of its services, its employees, its operations and its relationships with stakeholders. DHR's clearest measures of accountability are goals and objectives aimed at improving customer service, reducing errors, and delivering integrated care focused on unique sets of client needs.
8. **Technology**– DHR is increasingly relying on advances in technology to meet the complex data demands of integrated service delivery. DHR is committed to statewide strategies (e.g., portal) that will dramatically increase the public's ability to access needed human services information.

6. CRITICAL SUCCESS FACTORS

A Critical Success Factor is any condition or element that must be in place in order for DHR's Mission and Goals to be achieved. The DHR Leadership Team confirmed the following factors as being key to FY2003 success:

- *Well-trained, knowledgeable employees*
- *Cooperation of government entities and contractors*
- *Adequate and affordable training methods*
- *Commitment to developing staff from within*
- *Commitment to embrace competency-based models*
- *Common standards for operational procedures and commitment to adherence*
- *Identification of key stakeholders*
- *Clear communications with key stakeholders*
- *Support and cooperation with key stakeholders*
- *Adequate, qualified providers*

7. SUCCESS INHIBITORS

DHR recognizes that the following issues exist, and that they represent challenges or risks to successfully achieving DHR's Mission. For DHR to be successful and deliver quality services, these are issues that must be systematically addressed in both planning and operations. The DHR Leadership Team identified the following Success Inhibitors:

- *Limited resources (both amount and flexibility)*
- *Dispersed geographic distribution/delivery points*
- *"Silo" or "Stovepipe" culture – not always operating at the Department level*
- *Lack of competitive salaries*
- *Lack of clearly defined career paths across Division/Office lines*
- *Inconsistent contract compliance monitoring*
- *Inability to control or influence procedures or guidelines of local and federal government entities*
- *Competition for limited resources within DHR*
- *Lack of shared data and integrated systems*

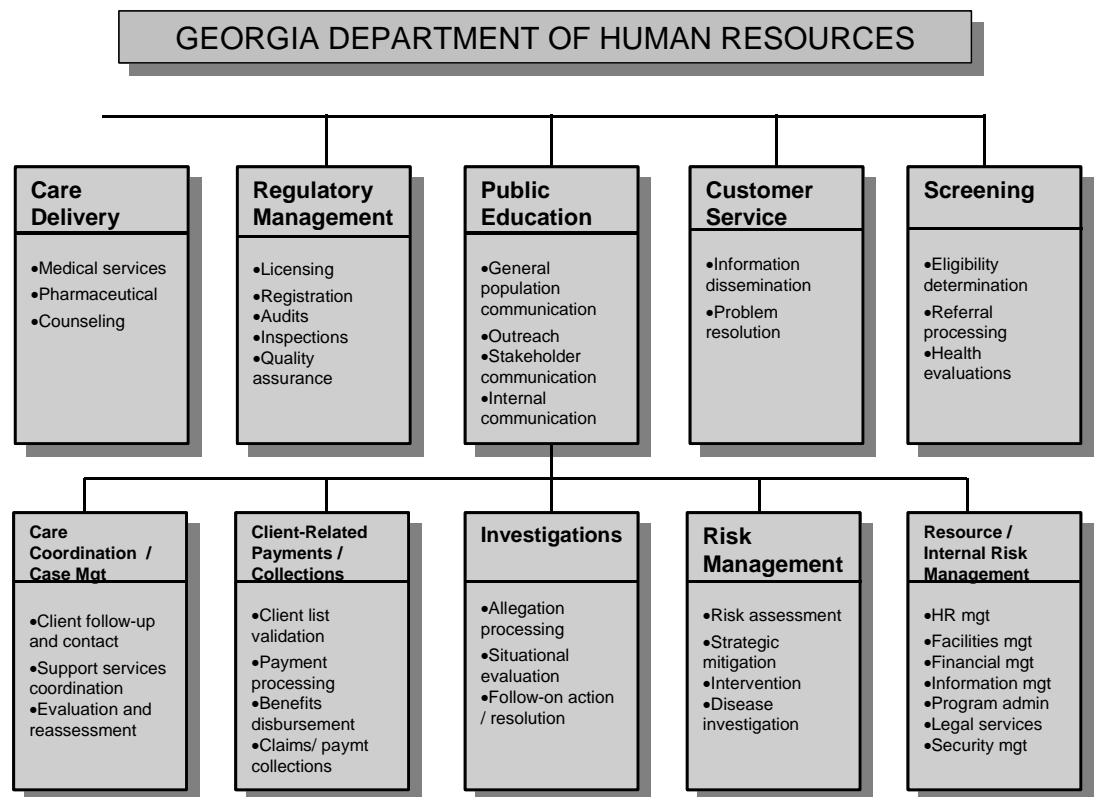
8. BUSINESS FUNCTIONS

Nine of ten major DHR Business Functions are focused on clients

A Business Function is a group of activities that define the core elements of a business. Business Functions express “what” is done, not “how.” They are independent of the organizational structure and seldom change from year to year.

Key elements in identifying DHR’s Business Functions included the requirement that a function be conducted in more than one Division/Office and that the function be client-focused. Nine of the ten DHR Business Functions meet this definition. The tenth function, Resource / Internal Risk Management, represents all internal management and administrative support activities.

The following Business Functions were confirmed for FY2003:



The following pages present descriptions of these DHR Business Functions and their sub-functions.

1. **Care Delivery: Services provided to clients under the direction of a licensed or registered practitioner or provider.**
 - a. **Medical Services:** Those services provided by DHR programs in which the purpose is to prevent, alleviate, or cure a physical or mental disease or condition.
 - b. **Pharmaceutical:** Prescribing, dispensing, and administering (sometimes under direct supervision) medications needed by clients because of physical or mental conditions that indicate this type of treatment. Also involves the purchase, storing, safeguarding, and shipping of drugs.
 - c. **Counseling:** The process of gathering information and providing professional guidance to a client or patient as pertains to physical, mental, or emotional health; well-being of individuals or families; or related topics.
2. **Regulatory Management: Licensing and monitoring of adherence to rules, regulations, policies and guidelines as prescribed by federal and state laws.**
 - a. **Licensing:** The process of assessing the condition of a facility to determine that it meets the legal and regulatory requirements that have been established to operate in Georgia. This also includes the issuance of an official document that indicates the facility meets these requirements.
 - b. **Registration:** A listing, usually required by law or regulation, that is maintained of all entities involved in a particular type of operation, of all people in Georgia with certain credentials or qualifications, or other similar types of lists.
 - c. **Audits:** Reviews of financial condition, management operations, or other conditions of an entity to assure compliance with applicable, laws, rules, regulations or practices.
 - d. **Inspections:** Reviews or surveys of various types of facilities or operations to determine their level of compliance with health, safety, or other laws, rules, or regulations.
 - e. **Quality Assurance:** Determination of the value of services provided, as opposed to the quantity of services provided.
3. **Public Education: On-going process of providing health and social services information to the general public, target population groups and stakeholders.**
 - a. **General Population Communication:** Communications through newspapers, magazines, Internet, broadcast, or other media that are intended to reach a large part of Georgia's population.
 - b. **Outreach:** Public education designed to increase the number of people who have knowledge of a particular program or service, or to help more people know how to access that program or service.
 - c. **Stakeholder Communication:** Information designed to increase understanding of, support for, or effectiveness of, one or more DHR programs among those who have a stake in the programs.

- d. **Internal Communication:** Information intended for use within the Department, in order to carry out the DHR assigned business functions.
- 4. **Customer Service: Responding to client-related questions and requests.**
 - a. **Information Dissemination:** Making information available to current or potential clients, policy-makers, taxpayers, or other interested parties about DHR programs and services.
 - b. **Problem Resolution:** Gathering information, assessing situations, communicating adequately with interested parties, and taking actions that will overcome an existing barrier to a Georgia citizen being able to resolve a human-services related problem.
- 5. **Screening: Assessing client circumstances to determine appropriate course of action.**
 - a. **Eligibility Determination:** Gathering information about an individual or a family's economic, safety, health, social, or other status, and using it to determine whether the individual or family qualifies for means-tested or other services that have eligibility requirements.
 - b. **Referral Processing:** The process of linking a DHR client with the services that have been determined necessary to resolve the client's problem, condition, or situation.
 - c. **Health Evaluations:** The determination of a client's condition and needs, as related to the specific DHR programs or services that are being accessed by the client.
- 6. **Care Coordination / Case Management: On-going monitoring of individual client needs and services.**
 - a. **Client follow-up and contact:** Communications with clients as necessary to assure that they receive case management services.
 - b. **Support Services Coordination:** Steps taken by a case manager to assure that a client is able to receive the services that are indicated as needed by the client's case plan.
 - c. **Evaluation and reassessment:** Periodic review of a client's situation, needs, and progress toward meeting those needs, and update or modification of the planned course of action as needed.
- 7. **Client Related Payment for Benefits: Generating payments for eligible client benefits.**
 - a. **Client list validation:** The process of assuring the accuracy of financial claims before public funds are released for payment of obligations.
 - b. **Payment Processing:** The steps that are taken to write checks, record financial transactions, update files, and perform other accounting or budgeting functions necessary to meet fiscal obligations and assure appropriate accountability for public funds.
 - c. **Benefits Disbursement:** The process of making cash benefits available to clients, including distribution of checks or automated

updates of electronic-benefits transfers, and of recording the disbursements in automated transaction files.

- d. **Claims / Payment Collections:** The process of collecting, recording, and accounting for funds due to DHR.

8. Investigations: Determination of the need for intervention or corrective action regarding individual clients or situations.

- a. **Allegation Processing:** Receiving a report of alleged wrongdoing, determining whether or not further action is indicated, and if so, assigning it to an appropriate staff person to take the action indicated.
- b. **Situational Evaluation:** Gathering information and using it to determine the facts about the situation, the level of risk that exists (if applicable), and what needs to be done to correct the situation.
- c. **Follow-On Action / Resolution:** Steps taken to resolve the situation.

9. Risk Management: On-going process of evaluating and managing risks to the health and safety of the public.

- a. **Risk Assessment:** The determination of the danger, or the degree of risk of danger, of an existing condition or situation. This may involve an environmental condition, an individual client's situation, or other elements of risk.
- b. **Strategic Mitigation:** Interventions used as a strategy to reduce or eliminate a risk.
- c. **Intervention:** Actions taken to achieve the desired risk reduction.
- d. **Disease Investigation:** The systematic examination or study of disease outbreaks, patterns, or trends.

10. Resource / Internal Risk Management: Functional support related to the general operation of the Department.

- a. **HR Management:** Actions taken to attract and retain qualified employees, to assure a well-trained, quality workforce, and perform other related human-resource functions.
- b. **Facilities Management:** Actions necessary to assure that DHR employees have appropriate, adequately maintained facilities in which to administer, manage, or carry out programs and other functions of the Department.
- c. **Financial Management:** Performing of the functions that are necessary to budget, spend, and account for the public and private funds that are entrusted to the Department.
- d. **Information Management:** The use of automation technology to collect, store, summarize, sort, and report data to be used for program management, required reporting, policy-making, or other functions that require data or other information.
- e. **Program Administration:** The performance of administrative functions that is necessary for the effective and efficient provision of services that are provided by the Department.

- f. **Legal Services:** Provision of expertise to Department management in matters that involve interpretation of the law, matters before the courts, or other legal matters.
- g. **Security Management:** The safeguarding of information, including individuals' rights to privacy, protection of data and equipment, and other matters involving security.

The **Business Function to Strategic Objectives matrix** in **Appendix E** shows the relationship and relative importance of each high level Business Function to DHR's Strategic Objectives. All of DHR's Business Functions impact the Strategic Objectives relating to services, operations, and stakeholders.

9. BUSINESS ORGANIZATION

With 15 diverse Divisions and Offices comprising Georgia's Department of Human Resources, it is critical for each to align with and work toward accomplishing the common DHR Vision:

Georgians living safe, healthy, and self-reliant lives

The **DHR Organization Chart** in **Appendix A** depicts the top two levels of the DHR management structure. The matrix in **Appendix G** also shows the relationship of **Business Functions to DHR's Organizational Units**.

As expected, all Business Functions occur in each of the four major DHR care delivery Divisions. The Offices of Investigative Services, Regulatory Services, Adoptions and Child Support Enforcement are also involved in most Business Functions, except for Care Delivery and Risk Management. The Resource / Internal Risk Management Business Function is spread across the entire DHR organization.

The following provides an overview of the DHR organization structure:

DHR Commissioner's Office

- Division of Aging Services
- Division of Family and Children Services
- Division of Mental Health, Developmental Disabilities, and Addictive Diseases
- Division of Public Health
- Office of Adoptions
- Office of Audits
- Office of Child Support Enforcement
- Office of Facilities and Support Services
- Office of Financial Services
- Office of Human Resource Management
- Office of Human Resource and Organizational Development
- Office of Information Technology
- Office of Investigative Services
- Office of Planning and Budget Services
- Office of Regulatory Services

10. STRATEGIC BUSINESS PLANNING IMPLEMENTATION CONSIDERATIONS

A Strategic Plan focuses an organization's thinking and activities within a shared sense of mission. It guides operational planning and budgeting.

10.1 DIVISION / OFFICE OPERATIONAL PLANNING

Each DHR Division and Office is developing its own FY2003 **Operational Plan** with goals, objectives, strategies and performance measures that align with DHR's Departmental Strategic Plan. The following table summarizes the timing of key steps in DHR's Operational Planning Process:

<u>Date</u>	<u>Event</u>
<i>March 15 – April 18</i>	Strategic Planning Core Team developed format, timeline and DHR Operational Plan Guidelines for Division/Office Operational Plans
<i>April 19</i>	Core Team conducted Division/Office Operational Planning Kickoff
<i>April 20 – June 28</i>	Divisions / Offices develop FY2003 Operational Plan drafts
<i>July 1</i>	Divisions / Offices submit Operational Plan drafts to Commissioner's Office
<i>July 1-July 19</i>	DHR Commissioner's Office, OPBS, OHRM and OIT review Operational Plans for compliance with DHR Operational Plan Guidelines and in coordination / alignment with DHR Strategic Plan

Section 3

Strategic Information Technology Planning

- [Section 1](#) Background
- [Section 2](#) Strategic Business Planning
- **[Section 3](#) Strategic Information Planning**
- [Section 4](#) Strategic Workforce Planning
- [Section 5](#) Measuring Plan Performance
- [Section 6](#) Link to Results-Based Budgeting



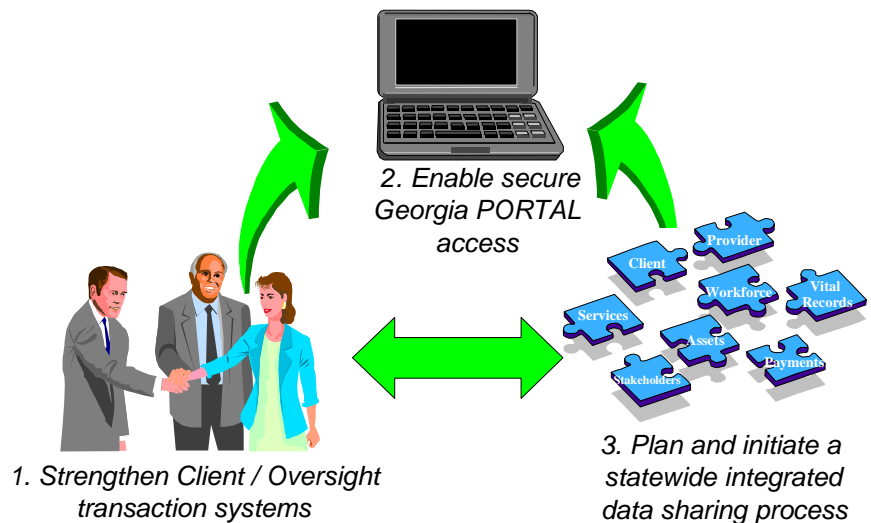
1. [DHR Information Technology Strategy](#)
2. [Current and Future IT Project Initiatives](#)
3. [IT Initiative Matrix Analyses](#)
4. [Subject Areas](#)
5. [Information Needs](#)
6. [IT Initiative Proposals](#)

1. DHR INFORMATION TECHNOLOGY STRATEGY

DHR Information Technology (IT) systems support a variety of programs meeting the unique needs of families and children, inpatient and outpatient mental health services, senior citizen programs, public health services, adoptions, child support commitments, and communications in a highly regulated funding environment. Because of the rapid change in program and funding requirements, the IT systems supporting these services must continually be enhanced to meet current legislative and stakeholder demands and to maximize funding from various public and private sources.

Specialized service delivery needs require specialized systems. However, DHR aims to provide the ability for state employees and provider staff to have **secure access to common attributes** about clients and to provide comprehensive, cross-program services focused on a range of needs. The inherent conflict between the specialized 'stovepipe' system requirements and the need to integrate information has caused DHR to aggressively pursue a Web-enabled portal capability, as well as improved connectivity and common data integration / access.

DHR priorities will encompass three major areas:



DHR, therefore, has developed three overriding IT Initiative themes to meet these competing challenges.

1. Strengthen DHR Client oversight and transaction capabilities.
2. Enable secure DHR and public access to DHR services through a Web-enabled Georgia Portal.
3. Plan for and initiate consolidated DHR information sharing process to enable common client entry and integrated services management.

1.1 STRENGTHEN DHR CLIENT AND OVERSIGHT TRANSACTION CAPABILITIES

DHR plans to continue to enhance and update IT systems that support a wide variety of service delivery and oversight requirements.

Some examples of these requirements include:

- The capability to enable a State mental health hospital to track prescriptions administered to inpatients. This same system must be capable of producing the necessary electronic request to receive Medicaid reimbursement.
- The ability to report on children receiving DFCS services.
- The ability to determine Medicaid eligibility and track temporary assistance to needy families (TANF) benefits.
- The ability to manage a network of contracted caregivers to the benefit of their older clients.
- The ability to manage safe and secure adoptive placements for children with special needs.
- The ability to track, analyze and communicate health risks to the general population of Georgia.
- The ability to issue permits to potential personal care homes for the elderly.
- The ability to track and enforce parental financial support responsibility.
- The ability to track and manage safe and secure placements for children in foster care.
- Oversight and investigations of potential public fund fraud.
- Coordinated and accurate audits of public and private providers providing services to the DHR clients.

DHR will continue to strive to provide secure information systems optimized for unique Division / Office services and to develop an agency-wide integrated data sharing process with a single view of clients, provider services, and community environments.

1.2 ENABLE SECURE DHR AND PUBLIC ACCESS TO DHR SERVICES THROUGH A WEB-ENABLED GEORGIA PORTAL

DHR has some of the first applications appearing on the statewide Portal.

DHR will work closely with the Georgia Technology Authority (GTA) to enable wider, more secure access to both public and private information through the Georgia Web-enabled Portal. Some of the applications planned for initial implementation on the Georgia portal include:

- “Where’s My Check?” – Child Support Enforcement
- HHS Portal ‘shared front end’
- Statewide Automated Child Welfare Information System (SACWIS)
- Medicaid eligibility TANF benefits information (SUCCESS)
- Vital Records management
- Aging information management - Portal
- Child Care Case management

Other applications will be added to the portal over the next few years using rigorous priority-setting procedures closely aligned to DH’s strategic goals and objectives.

The portal will provide a secure single point of information access for DHR-related business functions. This portal will be designed to protect public-entrusted private information using ‘state of the art’ encryption and password protection methods.

1.3 PLAN FOR AND INITIATE A CONSOLIDATED DHR INFORMATION SHARING PROCESS TO ENABLE COMMON CLIENT ENTRY AND INTEGRATED SERVICES MANAGEMENT

The strategy is to continue to enhance existing specialized systems, while providing an integrated information sharing process through the DHR portal.

DHR will need to continue to maintain some specialized management systems to provide Georgia citizens with appropriate levels of care in specialized service delivery areas. To meet goals of integrated care, however, an information sharing process will be established. This data integration process will be implemented via the DHR portal to enable timely, integrated data access and reporting. A major goal of this process will be to provide secure, unduplicated information for authorized individuals. A Georgia citizen should only need to provide information once to a DHR agency, and the process will make this information available (electronically and securely) to other relevant DHR Divisions and Offices.


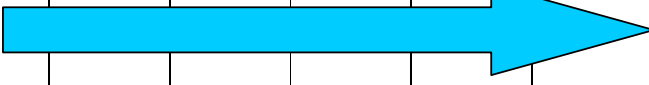

In summary, the strategy is to continue to enhance existing specialized systems, while providing an integrated information sharing process through the DHR portal.

1.4 STRATEGY IMPLEMENTATION TIMELINE

The FY2003 IT Strategy is to complete and enhance major Division support systems, implement the first of many DHR Georgia portal applications, and to define and initiate a statewide-integrated data sharing process.

From a high level, the schedule below reflects the need to continue to improve the current systems to a level that maximizes available funding and promotes high levels of specialized client service delivery. In parallel, the Georgia Portal and Statewide data sharing process Initiative will begin to take shape.

While priorities will shift and be refined over time, DHR will need to continue to focus on these three major strategy elements for many years into the future.

DHR IT Theme	2003	2004	2005	2006	2007	2008
Strengthen client oversight and transaction systems						
Enable secure Georgia Portal access						
Plan and initiate statewide data sharing process						

DHR's Strategic IT Plan includes a total of 29 major IT Project Initiatives.

2. CURRENT AND FUTURE IT PROJECT INITIATIVES

DHR's Business Function and IT Initiative analysis led DHR management to aggregate the twenty-nine Initiatives into four major solution groups. This method of grouping helped DHR management prioritize the major business functions supported by both individual Initiatives and groups of Initiatives. The major groups are:

- **Client / Case Management Initiatives** – These Initiatives provide support for unique client and case management related services.
- **General Population Health and Security**– These Initiatives will enable DHR to improve the management of information associated with the general population and community risks.
- **Statewide Oversight Initiatives** – These IT Initiatives enable DHR to meet its oversight obligations.
- **Infrastructure Enhancements** – In order to deliver these required portal based integrated information services; DHR must continue to invest in its infrastructure.

This business view of the IT Initiatives provides DHR Leadership with a logical grouping by Initiative basic functions and sets a framework for DHR to view and manage the Initiatives as a solution 'portfolio'. This view should aid DHR Leadership to begin to recognize and remove unnecessary barriers and to better allocate limited funds towards the most critical and valuable Initiatives for the citizens of Georgia.

2.1 FY2003 INITIATIVE GROUPING

Client / Case Management	General Population Health and Security	Oversight	Infrastructure
DHR-wide integrated Client Case Tracking and Reporting	Public Health Clinical Information System (CIS) and GRITS	Investigative Services Information System (ISIS)	DHR Connectivity / Infrastructure
Child Support Enforcement Portal Based Client Information System	Surveillance and Screening Reporting System	Public Health Licensing and Certification Management	DHR Integrated Data Sharing Process
Child Care Case Management System	Vital Records Management	Constituent Inquiry Reporting System CRM	DHR Desktop / NW Equipment Upgrade
DHR Statewide Automated Child Welfare Information System (SACWIS)	Environmental Lab Information System	Administrative Systems Update	DHR Portal Implementation
MHDDAD Hospital Client Accounting, Outcome and Clinical Management (Sunrise)	HIPAA Privacy and Security		DHR Security Improvement
MHDDAD Community Client and Provider Management			Production / Maintenance existing systems
MHDDAD Integrated Hospital/Community Data Repository			Converged Communications Outsourcing Project (CCOP)
DHR Aging Information Management - Portal			DHR Document Management
Consumers and Employees Accessing the Regulatory Data System (CARDS)			Employee Training Tracking
Child Support Tracking, Accounting and Reporting (\$TARS) Re-write (OCSE)			
Client Transportation Management System			

2.2 CLIENT / CASE MANAGEMENT IT INITIATIVES

The following is a brief summary of each DHR IT Project Initiative included in its FY2003 Strategic Plan.

2.2.1 Client / Case Management: DHR-wide integrated Client Case Tracking and Reporting

A DHR-wide case tracking system will utilize both the DHR Portal and Integrated Data Sharing Process to effectively provide a secure integrated view of client information to authorized DHR clinical, administrative and financial staff. This system should enable DHR Offices and Divisions that deliver client services to track client and provider demographic information, current and historical case management data, client transaction data, and other data that impacts client service delivery.

2.2.2 Client Case Management: Child Support Enforcement Portal Based Client Information System

This Initiative is for a secure portal-based Child Support Enforcement database system to simplify Child Support payment tracking, provide secure public access, and update capability. This IT Initiative will provide the critical information to enable DHR to improve parental financial support payment compliance, promote, and enhance family self-sufficiency and stability. In addition, this system should reduce the public burden of supporting financially abandoned children.

During FY2003, DHR will formally document the benefits of implementing this new system. Several other States' child support agencies are actively designing and implementing similar systems. Georgia OCSE plans to review their methodology, functionality, and services and then consider collaboration with the most successful State(s).

2.2.3 Client / Case Management: Child Care Case Management System

This system will enable DFCS management and caseworkers to better manage the child care function. A BPR project is currently underway to identify key business improvements needed to substantially improve Child Care Case Management Services to in-need families. The System will enable DFCS county and state-level workers to more easily and effectively determine child eligibility, perform child enrollment, track and manage parenting and daycare services, and support electronic provider payments. The system will also provide: reminders to caseworkers, a view of an individual child's needs and enrolled services, and detect potential fraud and abuse.

2.2.4 Client / Case Management: DHR Statewide Automated Child Welfare Information System (SACWIS)

This initiative encompasses a Statewide Automated Child Welfare Information System (SACWIS) that aims to support and improve consistent case management practices, and to provide information that can protect Georgia's at-risk children. This Initiative:

- Improves the capability to provide access to appropriate information and tools that will consistently support policy and practice standards throughout the state. It will improve case managers' efficiency and effectiveness, while maximizing their flexibility to deal with situations.
- Provides current and accurate data for reporting, performance management, accountability, consistent practice, and equitable workload distribution.
- Provides timely, accurate information and alerts on children and families so that case managers and administrators can conduct case management activities, including the development of life histories.
- Provides statewide search capabilities across agency programs for prior history on individuals and families.
- Provides support for resource management, including automated procedures for recording demographic and program information about providers.
- Provides prompts, alerts, and ticklers throughout the system to support staff in assessment, case planning, case management, and case review processes.
- Provides support for tracking and maintaining records (including state and county annual reports, AFCARS, NCANDS, and ASFA).
- Provides one-time client data entry to ensure data integrity consistent with state and federal requirements, allowance of access from any system module, and maintenance of accurate client and accounting records.
- Provides an internal and external audit trail of all cases sufficient to meet state and federal requirements for reviews conducted under authority of Title IV-B, Title IV-E, and other relevant program areas.
- Provides consistent and accurate data management and reporting to maximize federal revenues, including identifying appropriate financial programs through which funds must pass (eligibility determinations and re-determinations).

2.2.5 Client / Case Management: MHDDAD Hospital Client Accounting, Outcome and Clinical Management (Sunrise)

The Sunrise Project is a statewide information system to track admissions, discharges, and transfers to the state-operated mental health hospitals along with other information about hospitalized clients. The Sunrise project was begun in 1998 through a contract with Creative Socio-Medics (CSM). It is a multi-year project consisting of three major phases:

- 1) The Behavioral Health Information System (BHIS),
- 2) The Clinician Work Station (CWS), and
- 3) The replacement of the current mainframe consumer information system (MHMRIS) with the community data being reported into BHIS as well.

Other components of the system include the pharmacy information system (WORx), which replaced the legacy Pharmacon system, the medical laboratory system (Flexilab), and the consumer banking system. Data from the production database is copied over to the Decision Support System (DSS) from which reports are produced

The system is a complete client billing system, which includes the ability to track services. These improved systems will potentially result in increased billing and revenue to DHR and improved consumer service levels and outcomes.

The first phase of the project (BHIS) has been completed and the second phase (CWS) has begun. The implementation of the third phase, the integration of the community information system into BHIS, has not yet been started.

2.2.6 Client / Case Management: MHDDAD Community Client and Provider Management

This Initiative will provide a link between Mental Health hospitals and community provider and client admission, discharge and transfer data. It promotes continuity of care and enables statewide client reporting.

A component of the original contract with CSM for the Sunrise project (above) called for implementing a consumer reporting system with data input by the community programs. Regional Offices and MHDDAD state office staff will use this data to more effectively manage the service delivery system.

This was not intended to be a managerial system for community providers. The concept is that consumer information including services information from the community sites will be transmitted via the site's current information systems and merged into the

statewide database. This will allow replacement of the legacy community mainframe information system known as MHMRIS. The exact details and specifications of this system have not yet been decided. It is projected that this system will be operational in another 1½ - 2 years.

2.2.7 Client / Case Management: MHDDAD Integrated Hospital/Community Data Repository

This is a statewide repository of all mental health client, clinical, and financial information. The information in the database will be used to support improved client outcomes and more effective Division financial reimbursement

Once the Community Sunrise component is implemented, consumer data will be transmitted from community service sites into an information system where both hospital and community consumer data will be combined for aggregated state level reports.

2.2.8 Client / Case Management: Aging Information Management - Portal

The goal of DHR Aging Services is to enable older citizens to experience a high quality of life, and live as independently and safely as possible in the community. A measure of success is to delay or prevent costly institutionalization. DHR Aging Services provides its services using hundreds of local contracted providers.

The AIMS Portal Project will enable DHR to manage the network of contracted caregiver services to the benefit of their older clients. The project will take advantage of the web-based DHR Portal to ensure secure system operation that meets GTA standards. Major system functions will include Intake, Screening and Case management functions, as well as Client needs and eligibility assessment features.

2.2.9 Client / Case Management: Consumers and Employees Accessing the Regulatory Data System (CARDS)

DHR Regulatory Services monitors and regulates hospitals, labs, x-ray clinics, nursing homes, personal care homes, day care facilities, nurse aides, etc. This Initiative will track complaints, log and report federal and state legal compliance measures, maintain inspection results, and make this information available to the public to facilitate informed provider choices.

DHR currently plans to design, develop and enhance core “off-the-shelf” ASPEN functionality (mandated and provided by the federal government). DHR enhancements will include: Portal access for citizens, criminal background checks, fee processing and other Georgia requirements. This system will serve the needs of consumers and employees by managing (via the Internet) regulatory data from over 21,000 facilities across Georgia.

2.2.10 Client / Case Management: \$TARS Re-write (OCSE)

\$TARS (Support Tracking, Accounting and Reporting System) is a production Child Support System with three primary functions:

1. Case Management – Set up and track Custodial and Payee responsibilities for court ordered Child Support payments.
2. Financial Management – Track and Manage receipt and distribution of payments to Custodial Parents.
3. Interface Management – Provide outside connectivity to assist Child Support Enforcement to locate and track financially responsible parents, garner their resources and notify others of their responsibility to the State of Georgia.

The \$TARS re-write project, currently in process, will enable DHR to enhance an outdated desktop application with a more reliable web browser interface to enable improved end user navigation.

2.2.11 Client / Case Management: Client Transportation Management System

DHR has consolidated client transportation services to provide a cost efficient solution for the overlapping needs of DHR clients. DHR provides integrated client transportation services through hundreds of contracted transportation providers who deliver over three million client trips annually.

The goal of this Initiative is to increase the overall efficiency of the DHR Client Transportation system, better manage fund source allocations and expenditures, generate billing information, reduce cumbersome paperwork, and improve transportation provider accountability. The system will allow for interaction and linkage among local social service providers, transportation providers, and DHR regional and state staff.

2.3 GENERAL POPULATION HEALTH AND SECURITY IT INITIATIVES

2.3.1 General Population Health and Security: Public Health Clinical Information System (CIS) and GRITS

This Initiative is to develop a consolidated clinical services system to be the primary data collection point for programmatic information used for district, state and federal reporting requirements and in decision support for the Public Health program services provided in a clinical setting. CIS would manage integrated data from the following programs:

- Oral Health

- Children First
- Babies Born Healthy
- Children's medical services
- Family Planning
- Babies Can't Wait
- High-risk infant children with special needs
- Healthy Child Care Georgia
- Vision/Hearing Screening
- School health
- Health check
- Adolescent and Youth Development
- Child Safety Seats
- Smoke detectors
- Georgia Registry for Immunization Transaction and Services (see description, below)
- TB
- Environmental health
- Pharmacy
- Public Health Clinical Information System (CIS) and GRITS

The **Georgia Registry for Immunization Transaction and Services (GRITS)** is the state immunization registry that is currently being developed to comply with Georgia Law (O.C.G.A. 32-12-3.1). GRITS is a web-based immunization registry that will maintain a database of each child's immunization history centralized for a community of immunization providers and facilities. GRITS will maintain a single view of each patient. This system will integrate with public health information systems, local registries, and private provider information systems. By consolidating scattered records from multiple immunization providers, GRITS will automatically provide accurate coverage rates for providers and populations, and can prevent unnecessary (duplicative) immunizations.

2.3.2 General Population Health and Security: Surveillance and Screening Reporting System

This system will extract data elements provided through various programs for improved analytical and surveillance capability and increased frequency and accuracy of reporting. The **State Electronic Notifiable Disease Surveillance System (SENDSS)** will consolidate all notifiable disease surveillance data from all sources, thereby providing a central database for improved surveillance.

2.3.3 General Population Health and Security: Vital Records Management

DHR is seeking to redesign or replace several outmoded Vital Records legacy systems, implement new systems where none exist, and functionally integrate systems applications. These systems will enable DHR / Public Health to electronically register vital events and automatically archive and retrieve critical public documents and information to improve customer service and responsiveness. There are four main business functions involved in Vital Records management:

- **Complete and Register Vital Records**, mostly done manually by many different professionals across Georgia.
- **Electronically catalog Vital Record information.**
- **Scan the record to create an electronic image of the Vital Record.** (The Vital Records Document Imaging System (VRDIS) utilizes Windows 3.1 and no longer supported imaging software and UNIX operating system. In addition, annual vendor maintenance cost is high.) Very old mainframe COBOL programs are cumbersome and expensive to support.
- **Perform Vital Records office management, customer request, quality control and accounting functions.**
Legislative authority GA Code 31-10, DHR Rules 290-1-3.

The Vital Records Management project is a multi-phase effort to review and document current Vital Records activities, and to develop recommended business process and IT capabilities. DHR will document critical IT system requirements, and generate and distribute a request for proposal, to select the best vendor solution(s). The estimated completion date for the first implementation phase is October 31, 2002.

2.3.4 General Population Health and Security: Environmental Lab Information System

This DHR Initiative will enable environmentalists performing routine work in the field to identify trends across the State of Georgia by viewing their work in conjunction with work performed by their peers. Technicians will electronically populate a statewide database with Lab activities for later analysis. The data collected will become a part of a 3-tiered user system accessible to counties, districts and the State Office of Environmental Health. This initiative is of critical importance to bio-terrorism prevention and emergency preparedness management.

2.3.5 General Population Health and Security: HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act (HIPAA), was signed into law on August 21, 1996. Having its roots in the

1993 Clinton healthcare reform proposals, the primary intent of HIPAA is to provide better access to health insurance, limit fraud and abuse, and reduce administrative costs.

Currently, there is no common standard for the transfer of information between healthcare providers and payers. Over 400 electronic data information ("EDI") formats are used by various payors. As a result, providers have been required by payers to meet many different requirements. For providers who submit claims to hundreds of payers, programming computer systems to meet these requirements has been a difficult and expensive process.

The new regulations are an effort to reduce paper work and increase efficiency and accuracy through the use of standardized financial and administrative transactions and data elements for transactions.

While HIPAA is listed as an IT Initiative, IT tasks will comprise only one component of a very large and complex compliance effort. All areas of DHR that collect, process and/or maintain client medical and personal information fall under the HIPAA compliance umbrella. DHR will perform a gap assessment to begin to understand the total impact of HIPAA regulations to DHR. A comprehensive workplan will be developed, and many IT and non-IT activities will be needed to bring DHR into compliance.

2.4 OVERSIGHT IT INITIATIVES

2.4.1 Oversight: Investigative Services Information System (ISIS)

This IT Initiative will replace the DHR Case Tracking System used by the Office of Investigative Services (formerly known as the Office of Fraud and Abuse). ISIS tracks public assistance fraud referrals from initial receipt through investigation to final claim disposition. The project will replace OIS's current batch processing system with an online system that will enable DHR to improve accuracy and access for out-stationed field investigators, and shorten case processing time. Georgia has been given an extension on the newly mandated reduction in investigation processing time from twelve to six months. DHR must meet these more demanding measurements to continue to receive federal funds (approximately \$6M per year).

The current system is written in an outdated language version of FoxPro, and it has numerous system bugs and points of failure. Rather than developing and maintaining a custom-built system, OIS will release an RFP to procure a standard, commercial off-the-shelf investigation tracking system.

2.4.2 Oversight: Public Health Licensing and Certification Management

This Initiative is to develop a system that will provide information on services required by the Division of Public Health for license issuance, certificates of licensure, issue renewals and license provider status tracking.

2.4.3 Oversight: DHR Constituent Inquiry Reporting System (CRM)

This Initiative will replace an outmoded DHR Constituent Services Information System with a COTS (commercial off-the-shelf) CRM system. Today, a small DHR staff receives a large number of inquiries and must manage a timely response to each inquiry. The system will enable DHR to track, escalate and resolve inquiries more quickly to better serve the citizens and stakeholders of the State of Georgia.

Several commercially available alternatives have been implemented by other states. DHR will perform the necessary analysis to determine DHR's requirements, issue an RFP and select the best solution.

2.4.4 Oversight: Administrative Systems Update

The purpose of this initiative is to upgrade and/or replace legacy business systems for the DHR administrative offices with efficient and effective systems compatible with CCOP and GTA Portal standards. These systems support a variety of critical DHR administrative functions and often contain common (duplicate) data elements. The legacy systems are costly and inefficient. They are technically outmoded, non-standard, difficult to maintain and operate, and are becoming increasingly ineffective and unreliable. Legacy systems and processes that have been identified as candidates to be upgraded include:

- Contract Tracking (OFS)
- Purchasing Card Reconciliation (OFS)
- Travel Reimbursement (OFS)
- Various personnel databases (OHRM)
- Audit Tracking for contracts (Audits)
- Legal Tracking (P&GS)
- Electronic Forms Distribution (Facilities & Support Services)
- Various financial tracking systems (OFS)

A goal of this Initiative is to facilitate the sharing of data across agencies, to reduce double data entry, to employ common databases where appropriate, and provide modern and effective information systems that promote cost effective operations for DHR administrative functions.

2.5 INFRASTRUCTURE IT INITIATIVES

2.5.1 Infrastructure: DHR Connectivity/Infrastructure

This Initiative will provide the hardware, middleware and software to establish secure connectivity for the DHR field offices, which will include secure Internet access to the DHR network backbone until the CCOP is implemented.

2.5.2 Infrastructure: DHR Integrated Data Sharing Process

Because DHR must perform specialized service management, supported by IT systems with unique functions, an Integrated Information Sharing Process is required. The DHR Information Sharing Process Initiative will serve as the data integration point for the various client / case management systems. This process will be implemented to enable timely integrated data access and reporting. A major goal of this process will be to provide secure, unduplicated information for authorized individuals. A Georgia citizen should only need to provide information once to a Georgia Agency and the process electronically make this information available to other DHR divisions and offices.

This Initiative incorporates the tasks to define the process, identify critical data elements, evaluate alternatives, and develop a plan to consolidate data and processes.

2.5.3 Infrastructure: DHR Desktop / NW Equipment Upgrade

Implementation of the Portal and Integrated Data Access IT Initiatives will require that DHR update and acquire new desktop, printer and network hardware and software. Specifically, this Initiative will include network server upgrades, routers and hubs, printers and other peripheral devices to ensure that all DHR office and field staff to have the necessary access to critical information systems.

2.5.4 Infrastructure: DHR Portal Implementation

The DHR Portal Initiative will plan for and implement agency-wide web-based portal capabilities for training, information dissemination, and a single point of entry for employees and public to DHR services and information as defined by the GTA portal architecture. This Initiative includes migration of selected systems to the GTA-defined portal architecture. Applications currently targeted for migration to the portal include:

- "Where's My Check?" (a component of the \$TARS application)
- SACWIS
- Health and Human Services Portal Shared Front End Project

- SUCCESS
- Vital Records Management
- AIMS
- Child Care

2.5.5 Infrastructure: DHR Security Improvement

As information about Georgia citizens becomes more accessible through the web-based Portal, HIPAA mandates are implemented, and the volume of electronically stored DHR information grows, DHR information security efforts must become more vigilant. This Initiative, while ongoing and evolving, must be implemented flawlessly to enable DHR to maintain public trust and confidence.

DHR technology infrastructure includes more than 75 production servers and 23,000 workstations across the connectivity, desktop and data integration Initiatives add more security requirements. This security improvement effort includes servers, workstations, virus protection, data security and password management.

2.5.6 Infrastructure: Production / Maintenance existing systems

DHR has elected to retain Production / Maintenance as an Initiative for FY2003, because of the number of clients, stakeholders, providers and DHR reimbursement revenues dependent on continued successful management of existing systems. This IT Initiative includes current production and maintenance systems, including mandated modifications for existing Office and Division Management Information Systems. DHR will work under the guidelines from GTA to evaluate any modifications as an opportunity to migrate access to an application to the GTA portal architecture.

This Initiative includes in-house and third party software for the many major DHR systems, included, but not limited to:

- Adoption MIS (Adoptions)
- AIMS Modifications (Aging)
- Consolidation of DFCS Financial Statements (Audits)
- Audit MIS
- \$TARS (Child Support)
- EBT (DFCS/OFS)
- SUCCESS (DFCS)
- DSO System (OFS)
- Other OFS Systems
- RMS System (OFS)
- UAS System (OFS)

- OFACTS System Maintenance (OIS)
- MHMRIS (MHDDAD)
- SOARS/BAS (MHDDAD)
- Sunrise (MHDDAD)
- Statewide Inventory system (MHDDAD)
- CSIS (P&GS)
- Eligibility Payments (DFCS)
- Energy (DFCS)
- Refugee (DFCS)
- Client Registration System (DFCS)
- Child Welfare/SACWIS (formerly FACETS)
- Fleet Anywhere
- ASPEN
- AEGIS
- Vital Records Management (DPH)

In addition, this Initiative includes production and maintenance costs of all additional IT systems used by DHR in its current service delivery processes.

2.5.7 Infrastructure: Converged Communications Outsourcing Project (CCOP)

CCOP is a proposed outsourcing project that is intended to upgrade state government's telecommunications and information technology services.

CCOP will cover:

- Local and Long Distance Telephone Service
- Data, including Internet Access
- Distributed Computing, including local area networks, desktops and laptop computers
- Video
- High-Speed Data
- Mobile Short Messaging, including alphanumeric paging and end-user devices
- Distribution of television and radio broadcasts
- Two-way Radios, including end-user devices
- Mobile Data Communications, including wireless PC communications and end-user devices
- Distribution of television and radio broadcast

CCOP will not cover:

- PeopleSoft
- Stand-alone printers
- Applications Software/Servers
- Microsoft Conversion
- Server Consolidation

2.5.8 Infrastructure: DHR Document Management

The purpose of this Initiative is to establish a uniform system by which to manage the thousands of volumes of paper documents produced by each DHR Division and Office. This will provide automated methods of capturing this information via scanning and creation of TIF files from original documents. Additional capability for microfilm or optical disk storage will be available.

2.5.9 Infrastructure: Employee Training Tracking

Trained, experienced staff performing key DHR business functions is critical to enable DHR to accomplish the stated FY2003 Goals and Objectives. This Training Tracking Initiative is needed to support several human resource requirements of the FY2003 plan.

DHR will establish a Training Plan that includes process improvement and use of technology to develop an effective and cost efficient comprehensive system to manage the multi-faceted, ongoing training, development, and accreditation of more than 20,000 DHR staff.

Various methods of information dissemination will be utilized, including (but not limited to) the Internet, CDs and GSAMS or its successor technology for teleconferencing, etc. The system will be used to track employee completion of many types of training. Examples include employee orientation, emergency preparedness, policy and procedures (e.g., HIPAA), basic skills (e.g., computer, competency), and specialized vendor application training. Agency Divisions and Offices may incorporate specialized web-based training programs (such as those provided by the Division of Aging Services) for the purpose of training providers on policy and procedures and software utilization.

3. IT INITIATIVE MATRIX ANALYSIS

DHR followed a rigorous process to evaluate its IT Project Initiatives.

DHR evaluated each of its IT Project Initiatives against a variety of Strategic Business Planning factors as outlined in the Guidelines for Georgia's FY2003 Strategic Plan. This process:

- Ensured that all IT Project Initiatives flowed from the Business Plan
- Highlighted the impact of each Initiative on DHR's ability to achieve its goals and objectives
- Allowed DHR to group its IT Initiatives into broad bands of priority by weighting the various criteria used to evaluate the Initiatives
- Reviewed Initiatives and entire IT section in regard to the feedback from GTA's analysis of FY02 IT Plan

The table below lists DHR's priority Initiatives. While the table reflects some Initiatives as High and others as Low, DHR Leadership considers each Initiative to be of 'High' importance to the strategic success of DHR.

The Initiatives indicated as High are considered most critical to enabling DHR to successfully achieve the most DHR Strategic Goals and Objectives. In addition, while many of the Low items show relatively less alignment with the Goals and Objectives, they tend to be either administrative systems, or tools to improve internal DHR staff productivity. While very important, they do not support the highly visible client services or Health and Security goals.

The following table shows the distribution of the IT Initiatives priorities and associated rationale for the selected priority:

<u>High</u>	Rationale
Client / Case Management: DHR Statewide Automated Child Welfare Information System SACWIS	SACWIS is a very high priority for DHR and therefore a critical FY2003 Initiative. It directly supports all but three of DHR's 32 business functions. SACWIS has high visibility in the community and supports five out of six of DHR's Strategic Goals. High
Infrastructure: DHR Portal Implementation	The DHR Portal is a very high priority Initiative. It scored a high in support of each of DHR's six Goals and seventeen of DHR's 32 Strategic Objectives. The portal is also one of three stated strategies to enable DHR to begin to securely provide critical DHR information to the public, key service providers and DHR staff throughout the state of Georgia. High
Client / Case Management: Child Support Enforcement Portal Based Client Information System	This Initiative supports 27 of DHR's 32 business functions and all of DHR's Strategic Goals. This IT Initiative will provide the critical information to enable DHR to improve parental financial support payment compliance and promote and enhance family self-sufficiency and stability. A recently completed BPR effort indicated the need for an enhanced reporting system. In addition, this system should reduce the public burden of supporting financially abandoned children. High
Infrastructure: DHR Integrated Data Sharing Process	Integrated data sharing is the process that DHR will develop to support a single client or provider view of DHR through the DHR Portal. This Initiative supports all 32 business functions and 25 of 32 Strategic Objectives scored either a high or a medium for this Initiative. High
Infrastructure: DHR Security Improvement	The benefits of security after September 11 are obvious. In addition, security is critical to implement the DHR Portal and Integrated Data Sharing Process. This Initiative supports all 32 business functions and all 6 DHR Goals. High
Client / Case Management: MHDDAD Community Client and Provider Management	DHR MHDDAD has responsibility for 180,000 consumers who transfer between State Hospital inpatient status and placement in the community. The system that accounts for these patients and enables provider reimbursement is 30 years old and data is unreliable. In addition, this Initiative supports 25 Strategic Objectives and 26 of 30 business functions. High
Client / Case Management: DHR-wide integrated Client Case Tracking and Reporting	Many DHR clients receive services from multiple DHR service organizations. This agency-wide client Initiative is critical to enable providers to effectively assist Georgia citizens achieve outcomes by delivering multi-disciplinary services across the state. This Initiative supports 26 of 30 DHR business Initiatives and all 6 Strategic Goals. High

<u>High</u>	Rationale
General Population Health and Security: HIPAA Privacy and Security	While HIPAA is focused on medical information privacy, it has become Federal law and DHR is obligated to implement the necessary system changes to be legally compliant. This Initiative supports 29 of 30 DHR business functions. While it does not support a majority of DHR Strategic Objectives, compliance is mandatory and there are significant productivity and reimbursement benefits to Georgia. High
General Population Health and Security: Environmental Lab Information System	This Initiative supports 21 of 30 business functions, and because it links the work of field technicians across the state, it should be one of the key deterrents to recognizing a bio-terror attack. High
Infrastructure: DHR Connectivity / Infrastructure	This Initiative supports 22 of 32 Strategic Objectives and 32 of 32 DHR Business Functions. For DHR region and county offices to be able to use the DHR Portal Initiatives and Integrated Data Sharing Process Initiatives, additional connectivity must be completed. High
Infrastructure: DHR Desktop / NW Equipment Upgrade	This Initiative supports 23 of 32 Strategic Objectives and all 32 DHR business functions. Many DHR region and county offices cannot use the DHR Portal Initiatives and Integrated Data Sharing Process without additional desktop upgrades. High
General Population Health and Security: Vital Records Management	This Initiative supports only 14 of 30 business functions and some of the key goals and objectives. However, DHR has been charged with the responsibility to maintain and recall millions of vital records on demand. This system will enable DHR to more accurately and economically store and retrieve critical citizen records. High
General Population Health and Security: Surveillance and Screening Reporting System	This Initiative supports 17 of 30 business functions, and like the Lab system above, since it links the work of Public Health staff, physicians and hospitals across the state, it should be one of the key deterrents to recognizing a bio-terror attack. High
Client / Case Management: Consumers and Employees Accessing the Regulatory Data System (CARDS)	This Initiative supports 21 of 30 DHR business functions and is considered a critical application for the DHR Portal. It has line item legislative budget approval and should positively help consumers make informed provider choices. High
General Population Health and Security: Public Health Clinical Information System (CIS) and GRITS	This Initiative supports 5 of 6 Strategic DHR Goals and 25 of 30 business functions. Post September, 11, this system will be critical in enabling DHR Public health staff to view the overall health trends across Georgia and provide early terrorism warning. High
Oversight: Investigative Services Information System (ISIS)	This Initiative supports 21 of 30 business functions and 4 of 6 Strategic DHR Goals. Primarily this Initiative supports stakeholder and workplace goals and since this Initiative has received budget approval and implementation is about to begin it is given a high priority. Investigation tracking is a critical function for DHR. High

<u>Medium</u>	Rationale
Client / Case Management: MHDDAD Hospital Client Accounting, Outcome and Clinical Management (Sunrise)	The Sunrise hospital system phase one has been completed and is operational. Phase two; clinical management components are still to be implemented. Sunrise supports 25 of 32 Strategic Objectives and all 32 DHR business functions. While compliance with the DHR matrices showed a positive correlation, MHDDAD's most pressing need is a community information system. As a result, this Initiative, while still important, has been assigned a medium priority across DHR Initiatives. Medium
Client / Case Management: MHDDAD Integrated Hospital/Community Data Repository	This MHDDAD Initiative also received high correlation matrix results. However, since the MHDDAD Community Client and Provider Management Initiative must be selected and installed before this Initiative would be viable, it has been assigned a medium priority. Medium
Client / Case Management: Child Care Case Management System	This Initiative has an on-going BPR, and supports 25 of 32 Strategic Objectives and 27 of 30 business functions. SACWIS is the primary project for DFCS and this is their second priority. While it must continue to completion, it is assigned a medium priority. Medium
Client / Case Management: Client Transportation Management System	The Client transportation Initiative supports 16 of 30 DHR business functions. This supports all divisions of DHR and is an area where a relatively small investment for DHR should payoff in reducing transportation through improved scheduling and reduced fraud. Medium
Client / Case Management: \$TARS Re-write an interim solution	\$TARS is a Child Support production system and the \$TARS re-write is an in-process project. It supports 13 of 30 DHR business functions and 4 of 6 Strategic Goals. As an on-going project this Initiative will remain a medium priority and will be completed as an interim solution to enhancing child support enforcement capabilities. Medium
Client / Case Management: Aging Information Management - Portal	This Initiative supports 17 of 30 DHR business functions, and all 6 Strategic Goals. Currently there are systems in place to perform the necessary coordination of providers, but there is a significant opportunity for improvement in service and reduction in costly institutionalization for older citizens. Also improved functionality is needed in order to take advantage of the state enterprise portal. Medium

<u>Low</u>	Rationale
Oversight: DHR Constituent Inquiry Reporting System CRM	A priority with the Legislature, Governor and DHR Commissioner, this Initiative scored low on most matrices, but it heavily supported the stakeholder and workforce goals. This is still a DHR priority, but is low relative to other Initiatives. Low
Infrastructure: Production / Maintenance existing systems	Production maintenance scored 30 of 30 business functions, and it must continue to perform its mission. However, most production systems do not have the functionality to meet DHR's future described in this strategic plan. Low
Oversight: Administrative Systems Update	Administrative systems fell into the Low category relative to other Initiatives, which directly support DHR's customers. While the matrix coverage is less than other Initiatives, these systems indirectly support service delivery, but they directly support the work of the Department and must be enhanced. Low
Infrastructure: Converged Communications Outsourcing Project (CCOP)	This strategic GTA Initiative when measured against the DHR Goals and Objectives provides significant support and coverage. However, the CCOP Initiative is being done today by GTA and DHR could meet its goals and objectives without CCOP. Low
Infrastructure: Employee Training Tracking	Trained, experienced staff performing key DHR business functions is critical to enabling DHR to accomplish the stated FY2003 Goals and Objectives. Training tracking supported all 6 goals and most strategic objectives. However, in comparison to other Initiatives it is a lower priority. Low
Oversight: Public Health Licensing and Certification Management	This Initiative supported 22 of 30 business functions and 3 of 32 Strategic Objectives. This is an important function performed by DHR and an information system will absolutely help, however, in comparison, it is a Low .
Infrastructure: DHR Document Management	Document management is a necessary function that begs to be automated by DHR. It has the potential to save significant staff hours and dramatically improve citizen service levels. However, relative to the other Initiatives is a lower priority. DHR can continue to manually manage documents. Low

DHR followed a rigorous process to evaluate its IT project Initiatives that included analyzing the impact of each Initiative on DHR's ability to achieve its strategic goals, objectives, business functions and information needs coverage. In addition, business factors such as funding source, business risk, and mandated changes were included in the final ranking process.

The IT Initiative evaluation matrices are included in **Appendix J**.

The following table summarizes all IT Initiatives on one page:

<u>High</u>	<u>Medium</u>	<u>Low</u>
Client / Case Management: DHR Statewide Automated Child Welfare Information System SACWIS	Client / Case Management: MHDDAD Hospital Client Accounting, Outcome and Clinical Management (Sunrise)	Oversight: DHR Constituent Inquiry Reporting System CRM
Infrastructure: DHR Portal Implementation	Client / Case Management: MHDDAD Integrated Hospital / Community Repository	Infrastructure: Production / Maintenance existing systems
Client / Case Management: Child Support Enforcement Portal Based Client Information System	Oversight: Investigative Services Information System (ISIS)	Oversight: Administrative Systems Update
Infrastructure: DHR Integrated Data Sharing Process	Client / Case Management: Child Care Case Management System	Infrastructure: Converged Communications Outsourcing Project (CCOP)
Infrastructure: DHR Security Improvement	Client / Case Management: Client Transportation Management System	Infrastructure: Employee Training Tracking
Client / Case Management: MHDDAD Community Client and Provider Management	Client / Case Management: \$TARS Re-write (an interim solution)	Oversight: Public Health Licensing and Certification Management
Client / Case Management: DHR-wide integrated Client Case Tracking and Reporting	Client / Case Management: Aging Information Management - Portal	Infrastructure: DHR Document Management
General Population Health and Security: HIPAA Privacy and Security		
General Population Health and Security: Environmental Lab Information System		
General Population Health and Security: Vital Records Management		
General Population Health and Security: Surveillance and Screening Reporting System		
Client / Case Management: Consumers and Employees Accessing the Regulatory Data System (CARDS)		
General Population Health and Security: Public Health Clinical Information System (CIS) and GRITS		
Infrastructure: DHR Connectivity / Infrastructure		
Infrastructure: DHR Desktop / NW Equipment		

Upgrade		
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The following sub-sections summarize key planning impressions based on an analysis of each strategic IT planning matrix. Overall, DHR's implementation of its FY2003 Strategic IT Project Initiatives have a strong, positive impact on its ability to achieve its strategic goals and objectives.

3.1 IT INITIATIVES TO STRATEGIC GOALS

DHR's Strategic IT Project Initiatives strongly support achieving its Strategic Goals as shown below:

All of DHR's Strategic IT Project Initiatives impact at least one of its Strategic Goals and one of its Strategic Objectives.

- All of DHR's Strategic IT Project Initiatives impact at least one of its Strategic Goals
- Twelve of the Initiatives impact all of the Department's Strategic Goals
- Fifteen of the Initiatives have a "High" impact on DHR's Goal to improve operating efficiency and effectiveness
- Sixteen of the Initiatives have a "High" impact on DHR's Goal to ensure access to accurate, shared, integrated data
- Six of the Initiatives have a "High" impact on DHR's Goal to provide excellent services in an integrated manner

3.2 IT INITIATIVES TO STRATEGIC OBJECTIVES

DHR's Strategic IT Project Initiatives strongly support achieving its Strategic Objectives as shown below:

- All of DHR's Strategic IT Project Initiatives impact at least one of its Strategic Objectives
- Twenty-two of the Initiatives impact 10 or more of DHR's 32 Strategic Objectives
- Twelve of the Initiatives have a "High" impact on DHR's Strategic Objective to reduce error rates
- Twelve of the Initiatives have a "High" impact on DHR's Strategic Objective to reduce data duplication

3.3 IT INITIATIVES TO BUSINESS FUNCTIONS

DHR's Strategic IT Project Initiatives strongly support its key Business Functions as shown below:

- All DHR Strategic IT Project Initiatives impact more than one sub-Business Function
- 25 IT Initiatives impact 20 or more sub-Business Functions
- All IT Initiatives impact 10 or more sub-Business Functions

- All 29 IT Initiatives impact the Program Administration sub-Business Function

4. SUBJECT AREAS

***DHR identified
23 Subject Areas
related to its
major functions***

GTA defines subject areas as high-level classifications of data that are centered on a major resource, activity, product or service. The Subject Areas for an agency must cover the entire data needs of the agency.

4.1 LIST OF SUBJECT AREAS AND DESCRIPTIONS

DHR reviewed and analyzed each of its major Business Functions to develop the following list of DHR Subject Areas:

Subject Area: Client

Description: Information concerning a citizen of Georgia receiving any health and / or social services from DHR including any contact, screening, or assessment information

Subject Area: Provider

Description: Information regarding health and social services employees or contractors for the Department

Subject Area: Facilities

Description: Information regarding all buildings and other property whether owned or leased by the Department, i.e., lease information, lien holder information

Subject Area: Cases

Description: Information regarding interaction of case worker with client (individual or family) in terms of follow on needs such as transportation services, child care services, in-home care – need all history of this information

Subject Area: Programs / Services

Description: Information regarding programs / services such as what is the program, who is responsible for the management of the program, participants, etc.

Subject Area: Risks

Description: Information regarding potential health and safety hazards, programs or actions to minimize or eliminate these risks

Subject Area: Employees

Description: All human resource information regarding Department employees including workforce planning

Subject Area: Medical Records

Description: All information relating to a client's medical history and to treatment provided by or through DHR

Subject Area: Pharmaceuticals

Description: Information regarding the inventory of medicines, syringes, etc., for the treatment of a client

Subject Area: Policy, Regulations and Compliance Data

Description: Information to support the regulatory policies, guidelines and program functions, i.e., health inspection certifications for restaurants, registration for child care facilities, fraud investigations, licensees, registrants and audit reports

Subject Area: Payments

Description: All information concerning payment disbursement to clients

Subject Area: Finance and Planning

Description: Information of the Department related to financial data, financial reporting, budgeting information, and strategic planning

Subject Area: Assets

Description: Information regarding computer equipment, medical equipment, office equipment, office furniture, vehicles, and other equipment

Subject Area: Public education materials

Description: Information regarding public information needs for DHR programs and services

Subject Area: External Health and Social Services Resources

Description: Information regarding other services provided by non-Department service entities such as Meals on Wheels, Red Cross, etc.

Subject Area: Legal records

Description: Information regarding judgments, adoptions, criminal background information, sexual predator, etc.

Subject Area: Training

Description: Information regarding training classes, facilities, needs for Department employee development and contractors / vendors

Subject Area: Stakeholder Information

Description: Information regarding lobbyists, legislators, private / non-profit organizations, advocates – people who have influence or impacts to the Department's interests and information provided to stakeholder groups regarding DHR programs and services

Subject Area: Infrastructure (IT)

Description: Applications, network architecture

Subject Area: Vendors

Description: Information relating to contracts, payments, service level agreements

Subject Area: Federal Programs

Description: Information regarding Federal health and social services programs and policies, such as what is the program, which is responsible for the management of the program, participants, and policy impacts to the State's programs

Subject Area: Community and Needs Data

Description: Information regarding communities and community needs such as geographic disbursement and other demographics in Georgia

Subject Area: Quality Assurance

Description: Information regarding the delivery of programs and program adherence for the Department as an internal function

4.2 SUBJECT AREAS MATRIX ANALYSIS

DHR developed matrices that relate its Subject Areas to its Organization structure and to its high-level Business Functions. These two matrices are located in **Appendix H**.

Key aspects of these matrices include:

4.2.1 Subject Areas to Organization Matrix

Functional activities within DHR units are highly data intensive.

This matrix maps which organizational units create, update or read information in each Subject Area. The most intense and extensive Subject Area interaction occurs in DHR's four major Divisions (DFCS, MRMHSA, Aging and Public Health) due to the wide range of programs delivered by these units. The Office of Adoptions and the Office of Child Support Enforcement also create, update and read information across most of the Subject Areas.

Six DHR Offices have a significant need to access data across all or most of the Subject Areas: Office of Policy and Government, Office of Audits, Office of Investigative Services, Office of Regulatory Services, Office of Information Technology and the Office of Planning and Budget Services.

4.2.2 Subject Areas to Business Function Matrix

This matrix shows the impact of each DHR Business Function on the creation, updating and/or access to each Subject Area. The Care Delivery and Risk Management Business Functions create and update the greatest number of Subject Areas. The Subject Area needs of the Regulatory Management, Customer Service, Screening and Case Management/Care Coordination Business Functions are concentrated in the Client, Provider, Facilities, Case and Program/Service Subject Areas.

5. INFORMATION NEEDS

1.1 LIST OF INFORMATION NEEDS AND DESCRIPTIONS

GTA defines Information Needs as unstructured descriptions of the information required by an agency to meet its goals and objectives and to support its Business Functions. DHR has defined the following Information Needs related to its Business Functions:

1. **Client demographic data** – information that includes name, contact information, age, race, marital status, gender, financial information, employment history, family composition, education

2. **Population demographic data** – information at state, county or local levels relating to age, income, education, race, gender
3. **Client medical history** – information relating to family medical history, prior illnesses, injuries, treatments, surgeries, hospitalizations, pharmaceuticals (prescriptions) as well as treatment data for medical services provided
4. **Client/family service/needs history** – includes documentation of client and family service needs external to DHR (i.e., referrals) as well as all DHR provided services
5. **Complaint information** – history of all complaints received through the various DHR channels (customer contact, county DFCS or Public Health offices / clinics, ombudsman programs, communications)
6. **Provider description** – information related to name, minority status, location, service offerings, ownership, management and financial condition of client service providers
7. **Provider qualifications** – contains information relating to all professional degrees and certifications, workforce competencies, staff training
8. **Provider service cost data** – rate information, costs
9. **Provider regulatory history** – complaints, inspections, licensing, registration, corrective actions, legal actions
10. **Property characteristics information** – state-owned and private facility-related information, for example, number of beds, handicap access, food service
11. **Case history** – information regarding ongoing management related to client/family (treatment, intervention, referrals, etc) including case management staffing
12. **General Program data** – information relating to DHR programs from all Divisions and named Offices including what the program is, who is responsible for the program's management, which Division owns the program, geographic coverage, service population, service levels, etc.
13. **Eligibility criteria** – information gathered on a client during a screening intake process including current demographic information to determine whether the client is eligible for certain programs or benefits such as Medicaid, TANF, etc.
14. **Health and safety hazards data** – information gathered about health and/or safety risks that can effect the general population of the state – needed for effective risk management efforts

15. **Risk intervention** – population-based services designed to prevent risk exposure, i.e., surveillance
16. **Employee performance measurement data** – information regarding an individual's compliance with policies and procedures
17. **Workforce profile data** – Information regarding DHR's workforce such as how many people are in which program (Division or Office), how many people are in a specific job classification (i.e., data entry clerk, administrative assistant, etc.) and forecasted hiring needs based on incoming health and social services needs data
18. **DHR job descriptions / salary information** – information regarding the description of all jobs/job classifications (duties and responsibilities) and corresponding salary information
19. **DHR employee satisfaction data** – information gathered through surveys, interview or other methods to determine how satisfied an employee is with his/her present and/or past positions within DHR
20. **DHR training data** – information regarding training and certification programs and competency standards for DHR employees, vendors, providers, etc.
21. **DHR customer satisfaction data** – information gathered via surveys, interviews or other methods to determine if client-related inquiries or needed services are met quickly and efficiently via DHR staff, provider or vendor
22. **Program performance measurement data** – information regarding the effectiveness of a program such as best practice implementation, program performance data, results-based budget indicator data, meeting long-term outcomes, etc.
23. **Asset management data** – information regarding assets (\$1,000 +) including medical equipment, office equipment and furniture, computer equipment, food service equipment, and vehicles
24. **DHR drug inventory data** – an ongoing inventory of all drugs dispensed via DHR providers or other health workers
25. **Drug uses and interactions information** – information regarding the effects of drug use / treatment and interactions with other forms of medication
26. **Laws, regulations, policy data** – any information regarding laws, regulations, policies and guidelines that impact DHR operations

The matrix in Appendix I maps DHR's Information Needs to its Business Functions and shows that all of DHR's Business Functions are highly information-intensive – requiring significant amounts of data from numerous sources.

27. **Audit and inspection reports** – audit and inspection data collected and stored based upon the result of these functions performed
28. **Transaction history** – information regarding all monetary transactions – money in or out of DHR, e.g., bank deposit information into a TANF bank account and the subsequent payments to the recipients
29. **Overpayments and recoveries information** – information regarding the overpayment and recovery of benefits to clients
30. **Budget data** – all data concerning the budget for DHR programs, workforce, expenses, purchases
31. **Expenditure data** – information regarding the expenditures of the Department against current budgets
32. **Vendor data** – information on vendors such as vendor name, contact information, financial transactions (invoicing, accounts payable, accounts receivable), services provided, cost of services, etc.
33. **Health and social services needs data** – Information gathered regarding the program needs of various clients and/or target populations or general populations
34. **Other health and social service provider data** – information kept on other health and social services providers such as the Red Cross, non-government entities (United Way, etc), other federal programs, etc.
35. **Legal records** – information regarding any legal action, litigation involving DHR, clients, providers, vendors; judgments; background information, etc.
36. **Stakeholder descriptions information** – information regarding lobbyists, legislators, private / non-profit organizations, and advocates, which would include name of stakeholder or stakeholder group, contact information, affiliation to DHR
37. **Applications and network architecture data** – information regarding all applications, middleware, hardware, routers and hubs, interfaces and other infrastructure information for DHR's information management efforts

5.1 INFORMATION NEEDS MATRIX ANALYSIS

- All DHR Strategic IT Project Initiatives impact more than one Information Need
- 18 IT Initiatives impact 20 or more Information Needs

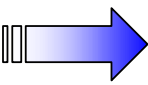
- Over 90% of the IT Initiatives impact 10 or more Information Needs
- 22 IT Initiatives impact the Client Demographic Information Need

6. IT INITIATIVE PROPOSALS

DHR developed detailed IT Initiative proposal descriptions in accordance with the Guidelines for Georgia's FY2003 Strategic Plan. These Initiative descriptions are included in **Appendix K**.

Section 4

Strategic Workforce Planning

- [Section 1](#) Background
- [Section 2](#) Strategic Business Planning
- [Section 3](#) Strategic Information Planning
- **[Section 4 Strategic Workforce Planning](#)** 
- [Section 5](#) Measuring Plan Performance
- [Section 6](#) Link to Results-Based Budgeting

1. [Introduction](#)
2. [Background and Overview](#)
3. [Workforce Planning Readiness](#)
4. [Business and Staffing Outlook](#)
5. [Diversity and Turnover Outlook](#)
6. [Outcome Priorities](#)
7. [Needed vs. Current Competencies: Gaps](#)
8. [New HR Strategies](#)
9. [Implementation and Evaluation: Next Steps and Anticipated Benefits](#)

"I'm looking forward to building on the strengths of this department and addressing the many issues that still face DHR. I plan to emphasize professionalism, innovation, and respect not only for those who receive our services but also for the people who work for the department. I want everyone here to feel proud that they work for DHR."

DHR Commissioner Jim Martin

1. INTRODUCTION

Strategic Workforce Planning is a particular challenge for any organization with the size and scope of DHR:

- Over 18,000 employees organized into 4 major Divisions and 13 Offices
- Large, critical, virtual workforce through service delivery providers and contractors
- Nearly 700 defined job titles

DHR encompasses over 18,000 direct employees in over 700 job titles operating in all 159 Georgia counties.

■ Operations located in every county in the State of Georgia

In FY2003, Workforce Planning (WFP) comprises the most significant change in the mandated procedures for Strategic Planning. By law, a formal workforce plan is required. The Official Code of Georgia, 45-20-1 (f) states:

Each agency shall develop an annual workforce plan according to statewide criteria and guidelines and shall provide a report of such plan annually to the state merit system for incorporation into the statewide work force plan to be submitted to the Governor and the General Assembly.

Although DHR performed some workforce planning for FY2002, the scope for FY2003 is significantly larger and more complex. This year's workforce planning effort differs further from last year's in that a multidisciplinary Workforce Planning Team drove the analysis. The Team was made up of representatives from many DHR Divisions and Offices. Members committed significant amounts of time to complete the workforce planning analysis and to produce the many deliverables.

Management's endorsement of this multidisciplinary team approach is an acknowledgement that a successful workforce plan for DHR must be developed and implemented by the agency as a whole, not simply by Human Resource (HR) staff. DHR continues to enjoy strong leadership support for workforce planning.

DHR's approach to FY2003 Strategic Workforce Planning continued under the following principles initially adopted last year:

DHR's Strategic Workforce Planning reflects a Department-wide perspective.

- Keep a Department-wide perspective throughout this process that is consistent with DHR's Strategic Business Planning view.
- Include only top service delivery and workforce priorities – do not try to address all jobs in DHR.
- Distinguish Strategic Workforce Planning from day-to-day human resources management, i.e., DHR's future HR operations will be guided by the Strategic Workforce Plan. However, specific HR issues will need to be addressed on a case-by-case basis.
- Use job groups rather than individual jobs as the basis for analyzing and projecting future DHR workforce needs. A job group is a set of jobs sufficiently similar to each other (even among different Offices or Division) that strategic workforce analysis can be meaningfully performed at the group, rather than individual job, level. See: **Appendix L – Job Groups** for a listing of DHR jobs by job groups.
- Recognize that not all DHR services are delivered by DHR employees. For example, services directed by the Division

of Aging are actually carried out by the local Area Agencies for Aging. Community mental health services are provided by Community Service Boards and other private providers.

- For purposes of workforce planning, data for employees of Department 427 (DHR) and Department 127 (locally payrolled DFCS employees) are included in all aspects of the plan.
- Data for Department 128 and for other non-DHR employees are not included in DHR's FY2003 Strategic Workforce Plan. However, when relevant, issues related to these workforce segments are acknowledged.

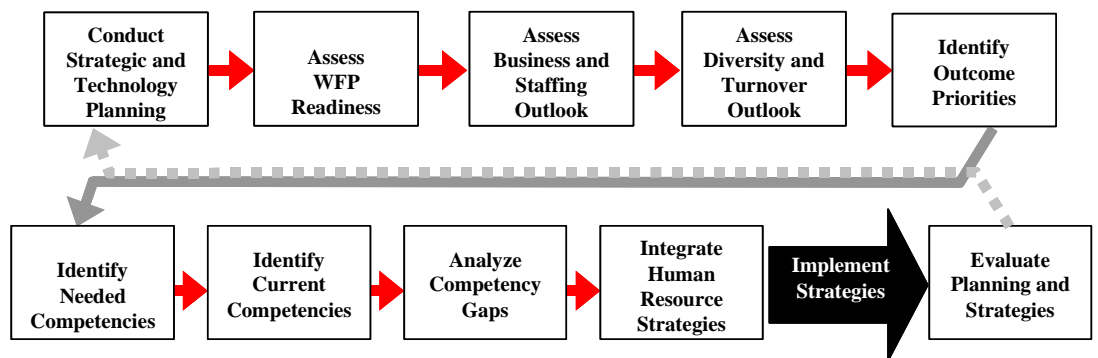
2. BACKGROUND AND OVERVIEW

Competency and diversity are central themes in this year's workforce planning.

This year's workforce planning is built on a set of themes based on competency and diversity. A 'competency' based model aims to replace a focus on *years of education and job experience* with a focus on the *skills, knowledge and capabilities* that truly enable a person to perform a job successfully. This focus on competencies will ultimately be incorporated into DHR HR policies and practices, from recruiting and selection, to retention and performance management.

The renewed focus on diversity is a reflection of DHR's strong commitment to deliver personalized human services in a challenging and rapidly changing environment.

The diagram below summarizes the strategic workforce planning cycle that DHR used in accordance with the **Guidelines for Georgia's FY2003 Strategic Planning Process**. The structure of this cycle guided the activities and deliverables in the WFP effort.



The following sub-sections summarize the findings and recommendations from this cycle's workforce planning and analysis steps.

3. WORKFORCE PLANNING READINESS

DHR's Business and Technology planning (See: **Sections 2** and **3**) formed the groundwork from which this year's DHR Workforce Strategic Planning commenced.

The **Workforce Planning Readiness Assessor** was completed using the consolidated input of the Core Team WFP Leader, the DHR HR Planners, the consultant Project Manager, and the DHR Strategic Planning Manager. The readiness assessment included an evaluation of DHR's:

- Organizational climate in which workforce planning is to be conducted
- Technological and financial resources that will be made available to the Workforce Planning Team
- Timeline in which the team has to operate
- Depth of knowledge and expertise available to the team

DHR's assessment results indicated strong readiness in the following areas.

- | | |
|-------------------------------|----------------------------|
| ➤ Planning 'climate'; support | Very Strong |
| ➤ Dedicated available time | Strong |
| ➤ Expertise available | Strong |
| ➤ Supporting technology | Readiness Indicated |

DHR's readiness scores yielded a recommendation for Level 2 planning, based on Georgia Merit System criteria.

In preparation for this large planning effort, DHR management offered support and commitment for a large multidisciplinary Workforce Planning Team representing both OHRM and DHR programmatic personnel. These select individuals committed nearly 3 months to formal weekly meetings and outside research in support of DHR's workforce strategic planning.

Throughout the planning cycle, DHR also called upon the assistance of many other DHR personnel. These individuals offered valuable perspectives ranging from DHR HR policy knowledge to an intimate view of issues confronting DHR's workforce on a daily basis. DHR augmented the agency's expertise with input from Georgia Merit System WFP experts and outside HR planning consultants.

4. BUSINESS AND STAFFING OUTLOOK

Each year, factors such as changes in the economy, political developments, and improved technologies have presented DHR's workforce with a wide array of challenges and opportunities. Over time, DHR has increased both numbers and types of human services in response to these changing needs.

To identify key trends that could impact DHR's future workforce, DHR performed the following tasks:

- Reviewed all of the trends identified during the Environmental Scan phase of the DHR's Strategic Business Planning process to determine which, if any, would likely have a significant impact on DHR's future workforce needs
- Reviewed current HR developments in the popular press and in professional journals
- Researched a variety of relevant HR web sites
- Identified issues arising from OHRM's day-to-day experiences with workforce needs

4.1 DHR WORKFORCE ENVIRONMENTAL ISSUES

This process yielded a number of environmental issues that could impact DHR's workforce. See: **Appendix M – Workforce Environmental Scan** for a copy of the entire scan. Some highlights include:

DHR identified many key environmental issues that could have a significant impact on its workforce.

Economic – The recent economic boom has slowed, leaving Georgians with fewer financial resources. With considerable rises in unemployment, a wide variety of pressures and challenges have been placed on Georgia's citizens of all ages. All of this translates into increased demands on DHR's workforce supporting nearly all types of DHR services.

Demographic – The demographics of Georgia are changing dramatically. There are large increases in both Hispanic and Asian populations as well as increases in numbers of multi-ethnic immigrants. The DHR workforce must be reflective of, and ready to effectively serve, these diverse populations.

Technological – In a matter of little more than a decade, the power of the Internet has exploded. Information that was isolated or inaccessible is instantly available at the click of a mouse. Increasingly, Georgia's citizenry is expecting that critical DHR information (e.g., tracking child support payments, verifying Vital Records) will be as integrated and

accessible as other high-speed, online business data (e.g., on-line payments).

DHR will have some of the first applications (e.g., Where's My Check?) available on GTA's emerging statewide Portal. All of DHR's workforce is developing an increased awareness of the need to integrate and make more accessible the information from all Divisions and Offices.

Social – Georgia is becoming more socially diverse every day. DHR's workforce must reflect and value this diversity, and be prepared to deliver high-quality services in an increasingly challenging social environment.

Political/Legislative – The U.S. Supreme Court Olmstead decision has placed immediate demands on DHR to shift institutionalized clients to community-based settings.

Georgia's FY2002 passage of HB498 is having a dramatic impact on the workforce and service delivery model of DHR's Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD).

Legal – Health Insurance Portability and Accountability Act (HIPAA) is recent sweeping legislation related to privacy, security and administrative simplification (e.g., code set standardization) regarding health information. The compliance demands are complex and extensive, and they will compete for available funding and workforce resources.

Educational– Georgia still lags behind many states in standardized testing measures. A relatively high educational dropout rate contributes to limited employability and income potential – both of which are linked to a wide array of human resources service needs. DHR's workforce is impacted by these demands, and recognizes that early success in education is critical to reducing the need for many future services.

In addition, the increasingly diverse population in Georgia's educational system is resulting in new requirements for adaptations (in communication, styles, formats, languages) by educators and DHR's workforce.

Environmental–DHR's Division of Public Health (PH) workforce is collaborating with a very large number of other federal (e.g., FEMA, CDC), state (e.g., GEMA, GBI), and local (e.g., county emergency management agencies) entities to develop and test emergency preparedness plans. This extensive effort will likely involve most areas of DHR. Dealing with threats of bio-terrorism is also on the forefront of DHR PH planning efforts.

4.2 DHR WORKFORCE TRENDS

DHR summarized these environmental issues into 12 key trends affecting DHR's workforce:

1. Focus on security, bio-terrorism and **overall emergency preparedness**
2. **Downturns in the economy** and corresponding funding limitations
3. **Increasing demand for DHR services** resulting primarily from demographic shifts within Georgia
4. Increase in total number and proportion of **non-English speaking Georgia residents**
5. **Accelerating changes in computer, education and medical technology** in programmatic areas
6. **Aging workforce** combined with higher "Baby Boomer" generation turnover as leading edge "Boomers" reach retirement age
7. Increasing cross-Division/Office **program and resource collaboration within DHR**
8. **Higher workforce mobility**, especially among younger age groups, leading to more frequent career changes and job jumping
9. **Growth in non-traditional workforce pools** such as retirees, contract workers, and temporary employees
10. Increasing **emphasis on community-based services** over traditional Institutional-based Services
11. Demands from workforce participants for **more flexible work environments**, impacting both work scheduling and workplace location
12. **Deteriorating competitive position** of DHR's compensation program

DHR personnel in care delivery Job Groups are particularly vulnerable to many of these workforce trends.

4.3 DHR WORKFORCE IMPACTS

DHR's Workforce Planning Team then analyzed the potential impacts of the above trends. These key impacts emerged:

- Certainly the recent **focus on homeland security and emergency preparedness** has placed the DHR workforce on heightened alert regarding the safety and security of clients and co-workers. The threats of terrorism or security breaches of any kind have placed demands on DHR's workforce to establish new kinds of security processes.

Identification of trends and their impacts yield requirements for subsequent workforce planning.

- **Recent drops in the economy** have placed increased demands on DHR workforce in nearly all service delivery areas. This trend places corresponding demands on DHR workforce who support oversight, administrative and infrastructure business functions.
- Changing demographics (e.g., increased numbers of senior citizens and proportionate increases in Hispanic and Asian populations) require a workforce that is prepared to value and **deal effectively with many kinds of diversity**.
- **Recent HIPAA administrative simplification**, privacy and security legislation means that the DHR workforce will need to adapt to changing IT systems and modify / implement many new business policies and procedures to meet compliance regulations.
- **Workforce focus on client services and case management** areas for the elderly are expected to increase dramatically as the Baby Boomers age.
- Some of DHR's **infrastructure processes and technologies are inefficient and outmoded**. Workforce personnel who use and support these processes and technologies must update skills to address planning and improvements in these areas.
- Other areas of DHR (e.g., IT technical support) are being **considered for outsourcing** as part of statewide planning initiatives. Decisions regarding outsourcing could impact a large segment of DHR's IT workforce.

4.3.1 Job Projections

One of the overall objectives of DHR's Strategic Workforce Plan is to use knowledge of key trends and impacts to project future demand and supply for the Job Groups within each standard DHR Business Function. The Workforce Planning Team developed a forecast of demands for each Job Group over the next 1-3 fiscal years. See: **Appendix N – FTE Needs** for a matrix describing projected FTE (Full-time Equivalent) needs.

Overall, DHR forecasts an increasing need for employees in nearly every Job Group within its standard Business Functions.

- In terms of staffing projections, the **majority of DHR Job Groups are anticipated to increase in both the short- and long-term**. This projected growth is consistent with DHR's expectations that demand for its services will continue to increase over the planning horizon.
- Significantly, **no DHR Job Groups are anticipated to decrease within the next few years**.

- Only a **few groups were estimated to remain the same** for the upcoming fiscal year and beyond. Groups likely to remain unchanged for FY2003 include:

- Pharmacists (Hospital population not growing quickly due to focus on community services)
- Nursing (Hospital population not growing quickly due to focus on community services; recruiting is still a large challenge)
- Budget Officers (Relative volume of work is not increasing dramatically this year)
- IT Management (Growth not anticipated as CCOP decisions are pending)
- Communicable Disease Specialists (This may change as focus on bio-terrorism increases)
- Physicians (Hospital population not growing quickly due to focus on community services)

- **Groups likely to remain unchanged for the long-term** (through FY2006) include:

- Pharmacists (Hospital population not growing quickly due to focus on community services)
- Eligibility workers (Growth in volume of cases expected to stabilize over the long term)
- Nursing (Hospital population not growing quickly due to focus on community services; recruiting is still a large challenge)
- Customer Service Clerks
- Regulatory Management Auditors
- Accounting / Contracts
- Attorneys
- Budget Officers (Relative volume of work is not increasing dramatically this year)
- Consultants
- Communicable Disease Specialists (This may change as focus on bio-terrorism increases)
- Screening Clerks and Eligibility Workers (Volume of cases expected to level off long-term)
- Physicians (Hospital population not growing quickly due to focus on community services)

- With a variety of new demands, there will **likely be needs for some new positions in the near future**. For example, the increased focus on emergency preparedness and pending HIPAA compliance requirements underline needs for increases in privacy and security personnel. Department-wide, there is an increasing demand for experienced Project

DHR must place immediate focus on workforce strategies that strengthen the quality, efficiency and retention of the existing workforce, while making smart decisions in areas of succession planning and effective recruiting and selection of new employees.

Managers to cost-effectively manage the wide array of complex business and technology projects.

In summary, the projected growth in most areas of DHR can be related to a large number of environmental trends that are placing increasing service and delivery demands on the DHR workforce. Note that growth projections extend from direct care personnel positions through all other positions supporting oversight, administration and infrastructure.

These projections raise particular challenges in a period of economic downturn and level / reduced funding. This trend requires that DHR place immediate focus on workforce strategies that strengthen the quality, efficiency and retention of the existing workforce, while making smart decisions in areas of succession planning and effective recruiting and selection of new employees.

At this time, DHR anticipates that the supply of job applicants for many of the projected Job Groups may not be sufficient to meet DHR's anticipated future demand for these jobs.

What does all of this projected growth mean for DHR in an environment of reduced funding?

The reality is that there may not be sufficient funds available to hire the numbers of projected employees that may be needed. There may not be a large, skilled applicant pool from which to fill needed positions, meaning DHR will need to be creative to attract new employees in a competitive hiring field. It also means that competent current employees need to be motivated to stay.

These are compelling reasons to look at new workforce strategies.

5. DIVERSITY AND TURNOVER OUTLOOK

An assessment of DHR's current workforce and the workforce turnover (i.e., those employees who have left the agency in the previous twelve months) was conducted by DHR's Workforce Planning Team. This sub-section presents findings and observations related to the diverse and changing composition of the DHR workforce.

5.1 DHR OVERALL WORKFORCE PROFILE

The WFP Team reviewed broad profiles of the DHR workforce. See: **Appendix O – Workforce Matrices** to view these profiles. Profile observations are highlighted below:

Profile or Matrix Area	Observations
Age	<ul style="list-style-type: none"> ➤ Under the Job Groups, two rather disproportionately large categories of staff in the age ranges of 41-48 and 49-56 represent nearly 52% of DHR staff. Each of these categories contains nearly 25% of the total compliment. Join these two groups with the 57-64 age range, and over 60% of DHR staff are represented. ➤ There is a continued trend toward an aging DHR staff. ➤ A large percentage of the DHR workforce will be retiring in the next 10 – 20 years.
Gender	<ul style="list-style-type: none"> ➤ The vast majority of DHR employees reflected in the Job Groups are female.
Ethnic Groups	<ul style="list-style-type: none"> ➤ The DHR workforce shown in these Job Groups is balanced between black and white employees, with a small percentage of either Hispanic or Asian members. ➤ Over time, there is an increase in staff who are black and a decrease in staff who are white. Others remain the same. ➤ There is relatively limited ethnic diversity in the workforce, given the changing cultural demographics of the state -- particularly with large growths in Hispanic and Asian populations.
Tenure	<ul style="list-style-type: none"> ➤ In the Job Groups analyzed, the majority (54%) of DHR staff has less than 10 years of tenure. ➤ Most DHR employees have 0 to 4 years of tenure in DHR, demonstrating a 'revolving door' for some positions. ➤ There is a new trend of middle-aged employees with low years of tenure.
Compensation	<ul style="list-style-type: none"> ➤ The majority of DHR staff reflected in the Job Groups are salaried below \$30,000. ➤ Competitive pay is a real challenge for recruitment and retention.

Profile or Matrix Area	Observations
Turnover	<ul style="list-style-type: none"> ➤ There was a 17% turnover rate in the depicted Job Groups in FY01. ➤ There is minimal decrease in turnover from last year. There is not significant change or improvement in this area. ➤ Turnover is highest in those positions that demand direct client contact and service, suggesting that factors like 'burn-out' may need to be investigated further. ➤ A turnover rate of 17% or 3,587, also suggests that many duties are going undone or being picked up by existing staff.
Turnover – Most Populous Jobs	<ul style="list-style-type: none"> ➤ There are relatively high turnover rates for Nurse (26.68%) and Licensed Practical Nurse (19.77%) positions. Both of these nursing jobs are involved in inpatient care. ➤ For all nurse positions, there are consistently high turnover rates and high vacancy rates. It is difficult to recruit, hire and retain qualified nursing staff. ➤ Low paying jobs indicate high turnover but not as high vacancy rates. So, DHR is spending lots of effort and money on continuous 'churn' in these positions.
Vacancy	<ul style="list-style-type: none"> ➤ The current vacancy rates for positions in the depicted Job Groups average 13.26%. ➤ There is an increase in vacancies from last year. This is likely due to hiring freeze this year. ➤ In some cases, low vacancy rates do not fully reveal the actual gaps in crucial service areas. ➤ The vacancy rate percentage is lower than the turnover rate percentage, which is good. However, with a vacancy rate of 13.26% (2,758), there are likely many duties going undone or being added to loads of existing staff.
Vacancy – Most Populous Jobs	<ul style="list-style-type: none"> ➤ There is currently a 20% vacancy rate under the Office Assistant Job Title. ➤ The vacancy rates for the Inpatient Nurse is 26.68%; and, Inpatient Licensed Practical Nurse it is 19.77%. ➤ For all nurse positions, there are consistently high turnover rates and high vacancy rates. This needs to be a recruitment and retention priority. ➤ Vacancy rates for most populous jobs mirror the national and state crisis in certain professions. DHR struggles to compete in this challenging hiring environment.

5.2 DIVERSITY OF THE INCUMBENT WORKFORCE

After examining DHR overall workforce profiles, the WFP Team made many observations about the Incumbent workforce. These observations are summarized below:

5.2.1 Diversity in Current Jobs by Business Function

- **Every job function has a higher percentage of females** than males. There seems to be a higher proportion of males in the 'Other' category than all other categories. Perhaps this reflects a higher proportion of males in management positions.
- **More females are employed in direct service jobs**
- Representation in the four major business functions - Care Delivery, Case Management, Screening and Client Payments - reflects the overall DHR ethnic mix.
- With the exception of the Investigative Business Function, the **largest category under each of the functions is the 45-54 age range**. Under the Investigations Function, the largest category is the age range of 25-34.
- Younger employees are under-represented in administrative, oversight and infrastructure jobs.
- In so many of our **client service categories, we have low tenure**. This may result in our clients experiencing inconsistencies in care personnel, potentially reducing effective, continuous care.

5.2.2 Diversity of the Turnover Workforce

- Turnover by gender under each Business Function mirrors the overall DHR gender mix.
- For all categories, turnover is higher for females.
- Black employees in direct service positions leave the organization at a higher rate than other employees.
- Under each of the four largest defined Business Functions (Care Delivery, Case Management, Investigations and Screening), the predominate age range for turnover was 25-34, in employees with relatively low tenure.
- Employees in administrative, oversight and infrastructure jobs tend to remain with the job longer. Thus, there is a generally more experienced workforce in these areas.
- Under each Business Function, **turnover was highest among the less tenured employees**. Young turnover ages suggest that people may be coming to the state directly out of college, getting a few years of actual experience, and then moving on to outside/private industry. In some cases, DHR may be seen as a training area for private industry.

- Across the board, **turnover is most frequent in the first four years**. This has implications for developing stronger retention strategies.
- **Employees in the direct service provision positions leave at a higher rate** than those supporting administrative, oversight and infrastructure business functions. Further investigation of possible causes is warranted.

5.2.3 Retirement Analysis

- Potential retirements appear well in line with the age / Business Function mix.
- As expected, there are **high numbers of individuals that will be eligible to retire in service areas - case management, direct care service delivery, support staff, and some nursing staff**. There are implications for recruitment and training, given the high turnover and large numbers of individuals eligible for retirement in these job categories.
- DFCS County Director 4 will have 64% of the current staff eligible for retirement within the next five years. High percentages also will occur in other DFCS County Director positions. This position is a needed area for succession planning.

5.2.4 Turnover Analysis (includes retirement, resignation, termination, etc.)

- There is a **great deal of money invested in employees who do not remain with DHR**.
- Costs of turnover are highest for case management, direct care delivery, nursing, and clerical support staff.
- Turnover occurring at service delivery / inpatient care levels appears to present a major service delivery (continuity of care) concern as well as a major cost.
- Higher costs of turnover with demanding, stressful direct service positions suggest needs for proactive planning.

Estimated cost of turnover...many millions of dollars!

The Georgia Merit System (GMS) estimated 'cost of turnover' formula is *140% of the cost of salary + benefits times the number of people leaving*. In FY2002, the Phoenix system reported that DHR had a turnover of over 17% (over 3,000 employees).

Certainly, if DHR could increase retention, the many millions of dollars lost to turnover each year could be significantly reduced. The dollars saved could be used to address other DHR priority workforce needs (e.g., meeting projected staffing increases, increasing salaries).

5.3 DIVERSITY GAP ANALYSIS CONSIDERATIONS

Great achievements are not born from a single vision but from the combination of many distinctive viewpoints.

Diversity challenges assumptions, opens minds, and unlocks our potential to solve any problem we may face. -unknown

DHR's WFP Team began immediately to address HR diversity issues, despite the fact that key entities (including GMS, the Statewide Diversity Council, and DHR management) had not yet reached a common definition of diversity. The WFP Team has maintained communication with the DHR Diversity Work Group, which is currently developing a working definition of diversity, and associated DHR policies and training.

GMS' workforce tool, SWiFT, is designed to support a representational (i.e., numbers-based) approach to diversity analysis using demographic statistics. DHR's WFP Team proposes a more competency-based approach, promoting consideration of a broader array of viewpoints and differences within employee and client populations. The DHR WFP approach focuses less on matching percentages of various 'traditional' categories of diversity (age, gender, ethnicity), and focuses more on building diversity awareness, knowledge, skills and competencies for working with diverse clients and co-workers.

In the diversity Gap Analysis, the WFP Team examined statistical representation in our workforce (see: profile analyses), but chose to further analyze diversity as a broader issue. The team addressed responsive strategies related to communication, cultural sensitivity, and individual differences.

"If we are to achieve a richer culture, rich in contrasting values, we must recognize the whole gamut of human potentialities and so weave a less arbitrary social fabric, one in which each diverse human gift will find a fitting place."

- Margaret Mead

DHR's approach includes consideration of relevant diversity profiles in recruiting and selection. However, diversity responsiveness is not the same as EEO compliance. Consequently, DHR did not choose to base diversity analysis and recommendations solely on demographic percentage mappings. Rather, DHR began to develop strategies to build a workforce that values diversity and that is responsive to diverse clients and employees.

5.4 DIVERSITY AND TURNOVER OUTLOOK SUMMARY

An examination of DHR's demographic profiles, turnover and retirement yields the following impressions:

- Although unremarkable, under the defined Job Groups, **gender appears to present the most obvious disparity.**
- The department should take bold steps to increase/expand the diversity of the workforce to accommodate the increasing number of culturally diverse populations. The **current workforce is challenged to meet the culturally specific demands** of these populations.
- There is relatively limited Hispanic and Asian DHR workforce representation in many business functions. Given the growing diversity of the population of Georgia, this has implications for consumer services and meeting Office of Civil Rights requirements for accessibility.
- Across the board, **turnover is most frequent in the first four years of employment.** Retention and turnover costs at the least tenured levels will require additional study and targeted HR strategies.
- **Turnover is clearly highest in those job areas where the demands for service are highest.** Women have a higher representation in these jobs, and predictably, these salaries are lower.
- **High numbers of projected retirements** in upcoming years suggests a need for proactive succession planning.

In summary, high levels of DHR turnover contribute to the challenges of meeting the diverse and individual needs of its clients and workforce. High turnover is very costly, eroding funds that could be used for many other purposes, such as improving service delivery, and attracting and retaining highly competent employees.

Meeting salary and work environment needs of DHR's large number of female employees, attracting men to service delivery, and recruiting persons to work effectively with culturally-specific clients are clear opportunity areas. Special attention needs to be paid to strategies that develop and retain DHR's most competent workers, particularly through early years of employment.

DHR's workforce is confronting more types of diversity and more issues related to diversity than ever before. **Strategies that promote valuing diversity and making best use of diverse viewpoints within the DHR workforce and between the workforce and DHR clients should contribute to longer employee retention and more effective client service delivery.**

6. OUTCOME PRIORITIES

Each DHR Job Group was evaluated based on the strength of its alignment with DHR's FY2003 Strategic Goals and Outcomes.

A highly competent workforce is essential to meet the FY2003 Strategic Goals and Objectives. The assessment of workforce trends and outlooks highlighted gaps and underlined needs to consider new ways to recruit, select and retain truly competent DHR employees.

The WFP Team chose to examine the potential benefits of a competency model by selecting a sub-set of DHR jobs, and prioritizing competencies for each. DHR has over 18,000 employees in about 700 different jobs within 27 Job Groups. It would have been unworkable to tackle detailed competency planning on all jobs at once. Therefore, DHR chose to target 15 key jobs / Job Groups for initial competency development.

To identify the target jobs for competency development, each DHR Job Group was evaluated based on the strength of its alignment with DHR's FY2003 Strategic Goals and Outcomes. Factors such as costs, human resource impact, and degree of change were considered.

Job Groups that ranked high in these areas by the Workforce Planning Team were selected as initial targets for further consideration. The team then selected one or two individual jobs within most Job Groups for competency development. The team felt that Consultants and executive Management could best be addressed at the Job Group level. See: **Appendix P – Target Jobs** for a matrix describing target jobs by outcome priorities.

The FY2003 DHR Jobs / Job Groups targeted for competency development are:

Individual Jobs

- Clinical Laboratory Technologist – 70411
- Epidemiologist 2 – 90014
- Health Services Technician 1 – 70833
- Nurse (Inpatient) – 71113
- Nurse Specialist, Public Health – 71121
- Family Independence Case Manager 1 – 14412
- Licensed Practical Nurse – 71109
- Program Assistant – 60112
- Public Health Technician 1 – 70811
- Social Services Case Manager – 14203
- Social Services Provider, Hospital – 70909
- Child Support Enforcement Agent – 14401
- Local Public Health Environmentalist 2 – Local PH (128) position

Job Groups

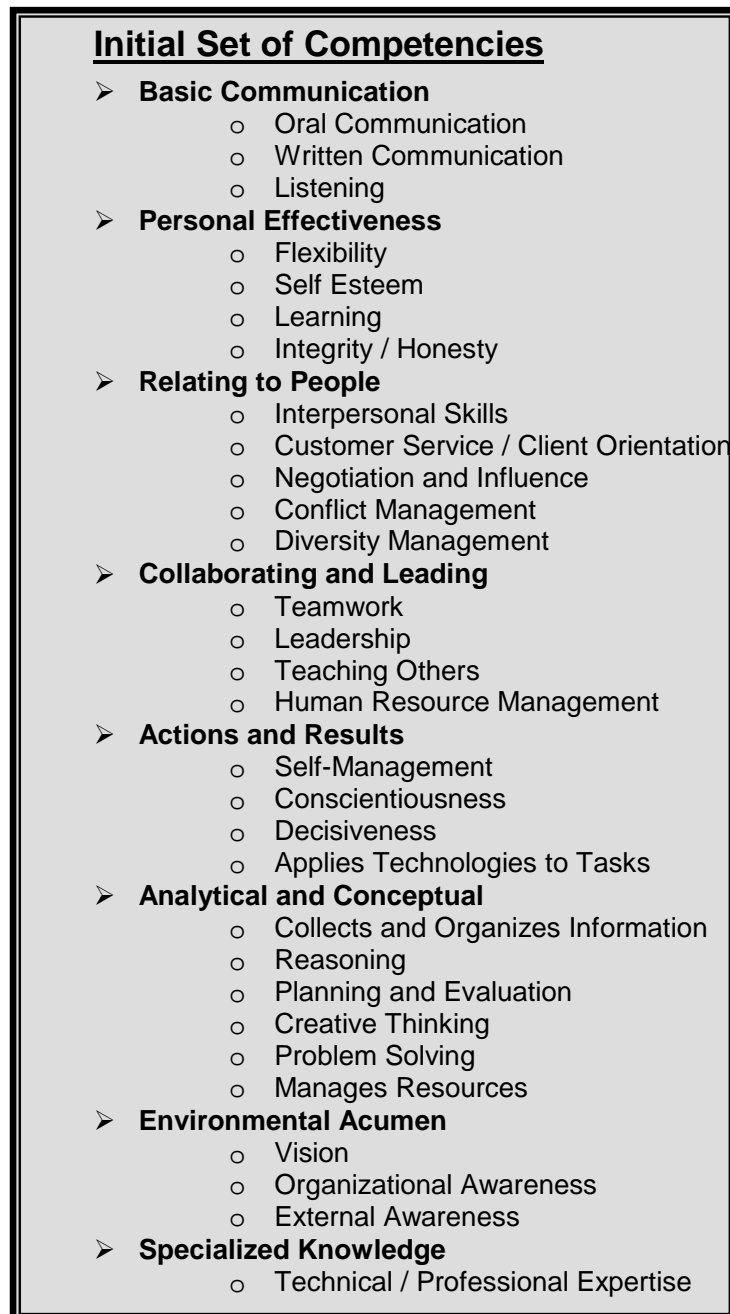
1. Consultants (State Office consultants to field staff)
2. Management (Executive level)

7. NEEDED VS. CURRENT COMPETENCIES: GAPS

This year, an HR competency model focuses on actual skills, knowledge and capabilities needed for proficient job performance. This model supplements the existing model that gives preference to years of education and experience.

7.1 COMPETENCY MODEL

For the competency development sessions, DHR used the Georgia Merit System's G-Comps Model:



7.2 COMPETENCY DEVELOPMENT PROCESS

**Statewide,
selected
employees
examined
categories of
competencies
for their jobs.**

A DHR Office of Human Resource Management (OHRM) staff member was given primary responsibility for conducting a competency assessment for each DHR selected job or Job Group. OHRM worked in conjunction with Division / Office management representatives and WFP Team members to carefully identify DHR Subject Matter Experts (SMEs) for each of the targeted Jobs / Job Groups.

A GMS WFP specialist facilitated competency development for the first two targeted jobs. OHRM staff then used this model to conduct the remaining 13 competency development sessions in locations around the state.

In each of the 15 1-day competency development sessions, participants identified:

- 5-9 most important competencies for the job
- Level of each of the 5-9 competencies needed for fully successful job performance
- Level of each of the 5-9 competencies possessed currently by average incumbents

In these sessions, SMEs identified both needed vs. current competencies deemed essential for each target job. See: **Appendix Q – Workforce Competency Reports** for a description of session results.

Across the groups, the **following competencies were identified as most needed**: oral and written communication, listening, integrity and honesty, customer service / client orientation, teamwork, collects and organizes information, and technical / professional expertise.

The reported gaps between needed and current competencies were ranked. **Perceived gaps were highest in many of the high-need competencies, including**: oral and written communication, listening, customer service / client orientation, collects and organizes information. High competency gaps were also noted in interpersonal skills and self-management. These are areas that will receive particular consideration as DHR begins to think about competency-based training.

In general, the session participants did not indicate significant competency gaps in high-need areas of integrity and honesty, and technical / professional expertise.

Interestingly, technical / professional expertise was only ranked in the middle of the top-ranked competencies deemed critical for proficient job performance. Also, this competency was not among

the top-ranked gap areas. This is an endorsement of DHR's technical / professional expertise for the targeted jobs.

While high standards for technical / professional expertise need to be a continuing priority, the gaps revealed in this analysis support needs to develop HR strategies to address 'soft skill' gap areas (e.g., customer service, self management) that are deemed to be critical competencies for high DHR job proficiency.

Information about the identified competency gaps was used by the Workforce Planning Team to develop many sets of recommended HR strategies.

These competencies will be the foundation of future DHR pilot studies to validate the benefits and results of new HR strategies (e.g., competency-based recruitment, training, succession planning).

8. NEW HR STRATEGIES

Frequently occurring and high-ranking competency gaps were the focus as the WFP Team developed initial sets of recommended HR strategies. In order to address integrated workforce needs, the WFP Team generated ideas for 3 related groups of strategies:

1. **HR Strategies by Diversity Gaps** - Strategies to address skills areas for diversity awareness and improvement (e.g., communication adaptations, cultural awareness)
2. **HR Strategies by Competency Gaps** – Strategies to address identified gaps between needed and current priority competencies for initial targeted Jobs / Job Groups. Common gaps are oral and written communication skills. Other gap strategies are more specific to particular job needs (e.g., Negotiation skills).
3. **HR Strategies by DHR Job Groups** – Strategies to address HR ideas (e.g., staffing, training, etc.) for each of the 27 DHR Job Groups. WFP Team members drafted HR strategies for Job Categories familiar to them. Common strategies include improvement of recruitment methods, expansion of training opportunities and work/life balance initiatives. Specific strategies are being considered as part of Division / Office Operational Planning.

The DHR Workforce Planning Team worked as a group to prioritize the following 6 Strategy Areas for initial implementation focus. These Priority Strategy Areas are intentionally broad in scope. DHR's Leadership Team has reviewed and endorsed these key Strategy Areas. OHRM and the WFP Team are now beginning to define and prioritize specific pilot initiatives for future development, implementation and evaluation.

Priority Strategy Areas provide a roadmap for implementation.

FY03 Workforce Priority Strategy Areas	
1.	Diversity – to include workable DHR definition for diversity, training, and/or recruitment and selection
2.	Recruitment / Selection – to include targeting human services specialty personnel, incorporating competencies in recruiting and selection processes, advertising the benefits of state employment more effectively – marketing the mission and values of DHR
3.	Competencies – incorporate in recruitment, selection, training, professional development, and performance management processes and materials. Continue competency development for additional Jobs and Job Groups.
4.	Compensation - analyze salaries against full costs, including estimated costs of turnover and contracting.
5.	Total Rewards – emphasize statewide rewards initiatives, e.g., employee recognition, incentive pay, educational assignment, “burnout management”.
6.	Training – for 1 st line Supervisory and Middle Management addressing skills and competencies such as: interviewing, motivating employees, negotiations, employee discipline, budget management, etc.

9. IMPLEMENTATION AND EVALUATION: NEXT STEPS AND ANTICIPATED BENEFITS

The FY2003 Workforce Planning effort yielded identification of a number of critical workforce needs which are present in times of increased demands for service and limited funding. These demands support the need to maximize available resources. DHR must look for new ways to:

- **Improve the efficiency and effectiveness of recruiting the right people**
- **Increase the amount of time that good employees stay with DHR**
- **Upgrade training of existing staff to keep up with current demands for skills, knowledge and competencies**
- **Keep an eye on maintaining a diverse workforce – and a workforce that values and accommodates diverse viewpoints**
- **Look for ways to increase compensation and recognition to attract, develop and retain a quality workforce**

DHR recognizes that operational planning and formal implementation steps are essential to bring this strategic workforce plan to life. The WFP planning yielded summaries of best practices and hundreds of suggested strategies for improved HR practices. After careful review, some strategies will be prioritized for as Pilot initiatives. The DHR Leadership Team will approve all formal workforce initiatives.

9.1 IMPLEMENTATION CRITICAL SUCCESS FACTORS

Following are some of the WFP Team's initial ideas (and critical success factors) for implementation and overall change management as new workforce strategies are rolled out:

- **Establish credibility of WFP efforts – 'the proof is in the doing'**
- **Recognize that successful change is not the responsibility of one person, Office or Division; engage people throughout DHR (not just the Atlanta State Office) in this workforce change process**
- **Obtain commitment for a dedicated ongoing (i.e., beyond strategic planning) WFP Team**

- Develop formal initiative Plans for the 6 key strategy areas
- Issue statewide DHR publicity around the 6 key strategies
- Inform and energize the entire DHR workforce about pending and actual changes
- Promote workforce strategic change via 'branding', e.g., logo, acronym/name
- Develop and enforce completion of regular deliverables from implementation taskforces, committees
- Coordinate with other statewide (GMS) efforts
- Build compliance / successful implementation of new strategies into Division / Office Director performance measurements
- Formally prioritize strategies – consider starting with 'quick hits', i.e., what can we do successfully and quickly
- Build a continuous training model (Web-based, 24X7)
- Employ effective project management methodology at all times, for all phases of workforce planning and implementation, e.g., dedicated Project Manager, Project Charter, Workplan with deadlines and deliverables, clearly defined expected outcomes with logical measurements

9.2 EVALUATION

Evaluation of workforce strategy implementation will adhere to existing standards for DHR Strategic Plan evaluations. Measures will be defined, an owner will be assigned, and progress towards implementation will be tracked quarterly.

Evaluation will be based on a proven process, such as:

- Measure and document a baseline of the 'current state'
- Document success criteria
- Define measures
- Develop measurement processes and systems; get data capture assistance from IT as needed
- Track improvements using formal processes and systems
- Publish success, change
- Promote continuous improvement; quality assurance review; feedback loops

The WFP Team drafted some **sample evaluation measures of successful workforce strategy implementation**:

- Fewer dismissals
- Better applicant pools relative to actual competencies
- Higher retention of good performers
- Increased salaries
- Improved morale via employee satisfaction survey
- Increased diversity and improved diversity skills of employee population
- Decreased vacancy and turnover rates
- More and better training available whenever needed
- Competency gaps close
- Improvement strategies are not needed as frequently
- Direct positive feedback from employees, managers and Leadership Team
- Increased awareness of WFP as a successful formal process

The measures above point to the types of improvements and outcomes that could occur as new workforce strategies are implemented. Actual evaluation measures will be developed specific to each workforce initiative and its anticipated outcome.

10. ANTICIPATED BENEFITS

DHR expects to reap many benefits from the strategic workforce planning that has occurred already, and from subsequent operational planning and implementation efforts:

- **Clearer measures to aid in the selection and retention of employees who are truly competent to deliver quality job performance**
- **Reduction of costly turnover, freeing up funds for better purposes**
- **A more meaningful competency-based approach to addressing staffing issues**
- **Higher job satisfaction and improved employee morale**
- **Better opportunities for staff growth**
- **A workforce that values diversity and is capable of effectively meeting individual needs of DHR's diverse clients**
- **Defined DHR competencies supporting delivery of more (and new) DHR services**
- **Improved DHR accountability for quality service delivery in order to meet DHR's Mission:**

*The Georgia Department of Human Resources,
in partnership with others, will effectively deliver
compassionate, innovative, and accountable services
to individuals, families and communities.*

Section 5

Measuring Plan Performance

- [Section 1](#) Background
- [Section 2](#) Strategic Business Planning
- [Section 3](#) Strategic Information Planning
- [Section 4](#) Strategic Workforce Planning
- **[Section 5](#) Measuring Plan Performance**
- [Section 6](#) Link to Results-Based Budgeting



1. [Strategic Business Plan Evaluation](#)
2. [Strategic IT Plan Evaluation](#)
3. [Strategic Workforce Plan Evaluation](#)
4. [Evaluation of other Strategic Initiatives](#)

To attain long-term outcomes, DHR relies on formally-measured contributions from every Division and Office.

Last year, DHR asked each Division and Office to include in their Operational Plans references to key Department-level Strategic Goals and Objectives they could influence. Each Division and Office documented specific Operational Plan objectives and measures to gauge their contribution to the DHR FY2002 Strategic Plan. Quarterly, results from every Division / Office and the entire Agency were collected and tracked to determine progress toward the DHR-wide goals and objectives.

Implementation of this systematic evaluation process represented significant progress for DHR. For the first time, Divisions and Offices reported regular contributions towards DHR goals and objectives. DHR is building on this progress by defining additional baselines for FY2003 measurements and improving its formal evaluation processes. There is renewed commitment throughout the organization on accountability for outcome achievement. DHR will focus on critical success factors for outcomes that positively affect the lives of all Georgia citizens.

1. STRATEGIC BUSINESS PLAN EVALUATION

DHR has doubled the number of specific measures for each of its Strategic Objectives.

For FY2003, DHR has doubled the number of strategic objectives and is defining (or re-defining) specifically how each objective will be measured and tracked. Some measures have been enhanced as a result of 'lessons learned' in FY2002 and changing public needs in FY2003. DHR will continue to refine these measures as data availability improves and Department management processes are enhanced.

Like evaluation processes for FY2002, DHR will track these measures on a quarterly basis to assure plan performance. Although all DHR Divisions and Offices support the overall Strategic Plan and its outcomes, specific organizations bear responsibilities for supporting individual Strategic Objectives, as detailed below. Each Division / Office may contribute a different set of data that promotes accomplishment of a single objective. The following tables summarize the key data providers for measuring progress on each objective.

1.1 SERVICES

DHR Strategic Objectives	Key Data Providers
By the end of FY2004, DHR will increase by 10% the percentage of the State's population that has access to consolidated DHR services.	OFSS, DPH, DFCS, AGING, OCSE
By the end of FY2004, at least 90% of DHR clients will indicate to DHR that services have met or exceeded their expectations.	MHDDAD, AGING, OOA, DPH, DFCS, AGING
By the end of FY2004, DHR will reduce by 10% the incidence of repeated, substantiated domestic violence, or abuse or neglect of vulnerable people.	DFCS, AGING, MHDDAD
By the end of FY2005, DHR will increase by 15% the number of DHR job-targeted clients who have retained employment for at least six months.	DFCS, MHDDAD, AGING
By the end of FY2004, DHR will decrease by 10% the number of children reporting underage tobacco, alcohol use, and/or illicit drug use.	MHDDAD, DPH
By the end of FY2005, DHR will increase by 5% the number of children placed and served in community settings based on their assessed needs.	MHDDAD, DFCS
By the end of FY2005, DHR will increase by 5% the number of adults placed and served in community settings based on their assessed needs and preferences.	MHDDAD, AGING
By the end of FY2005, DHR will meet or exceed annual performance goals and objectives of the Food and Nutrition Service of the USDA.	DFCS, DPH, AGING

1.2 WORKPLACE

DHR Strategic Objectives	Key Data Providers
DHR will reduce employee turnover by 1% per year as computed by the Georgia Merit System.	OHRM, across all Divisions and Offices
By the end of FY2004, DHR will have 100% of new employees complete an Orientation to DHR within 1 quarter of being hired.	OHRM, OHROD, across all Divisions and Offices
By the end of FY2003, DHR will have 50 Managers complete the Executive Leadership Program.	OHROD, across all Divisions and Offices
By the end of FY2004, 55% of promotions to Grade 19 or higher will come from within DHR.	OHRM, across all Divisions and Offices
By the end of FY2004, DHR will record a 10% increase in employee satisfaction using the FY2002 DHR Employee Satisfaction Survey as the baseline score.	OHRM, OHROD, (Data collected from all Divisions and Offices)
By the end of FY2003, DHR will meet or exceed FY2003 Goals and Objectives of the Georgia Diversity Council Guidelines.	OHRM, Commissioner's Office
By the end of FY2004, 50% of people in the DHR jobs or job groups defined in the FY2003 Workforce Planning will have received competency-based training.	OHROD, (For jobs across Divisions and Offices)

1.3 OPERATIONS

DHR Strategic Objectives	Key Data Providers
Decrease time to determine eligibility by 10% by FY2005	DFCS, DPH, AGING, MHDDAD
Decrease error rates by 15% by FY2005	All Divisions and Offices
By the end of FY2003, DHR will increase by 3 the numbers of key departmental business functions (or sub-functions) that are targeted for DHR enterprise-wide business process re-engineering studies.	Commissioner's Office
DHR will achieve 100% compliance with Federal law and regulations pursuant to HIPAA schedules (deadlines) and requirements for Administrative Simplification, DHR Security and Information Privacy.	DPH, MHDDAD, DFCS, ADOPTIONS, AGING, ORS, Commissioner's Office

1.4 STAKEHOLDERS

DHR Strategic Objectives	Key Data Providers
By the end of FY2004, DHR will increase positive and neutral media reports by 10%, and decrease negative media reports of DHR by 10%.	OPGS, Commissioners Office
By the end of FY2004, DHR will increase by 5% the total DHR funding from Federal and local government sources.	OPBS, (Data collected from all Divisions and Offices)
By the end of FY2004, DHR will increase by 30% the total amount of private funding for DHR programs.	OPBS
By the end of FY2003, DHR will respond to at least 95% of initial customer inquiries within 3 working days.	DPH, MHDDAD, DFCS, AGING, OCSE, OOA, OP GS (Constituent Services)

1.5 INFORMATION TECHNOLOGY

DHR Strategic Objectives	Key Data Providers
DHR will increase the number of applications that provide data to a department-wide Decision Support System by two (2) by the end of FY2004, and by five (5) by the end of FY2005.	OIT (Involvement from all Divisions and Offices)
By the end of FY2004, DHR will reduce intra-departmental data duplication by 80%.	OIT (Involvement from all Divisions and Offices)
DHR will achieve 100% compliance with Administrative Simplification and IT Security Federal law and regulations pursuant to HIPAA schedules (deadlines) and requirements.	OIT, Commissioner's Office

1.6 EMERGENCY RESPONSE PREPAREDNESS

DHR Strategic Objectives	Key Data Providers
DHR will increase the proportion of DHR Regions with an approved Plan with other agencies for: General Emergency – To 100% by end of FY2003	DPH, MHDDAD, DFCS, AGING, OFSS
DHR will increase the proportion of DHR Regions with an approved Plan with other agencies for: Bio-terrorism – To 100% by end of FY2003	DPH, MHDDAD, DFCS, AGING, OFSS
DHR will increase the proportion of DHR Regions with successfully executed Test and Training Plans for: General Emergency – To 100% by end of FY2003	DPH, MHDDAD, DFCS, AGING, OFSS
DHR will increase the proportion of DHR Regions with successfully executed Test and Training Plans for: Bio-terrorism – To 50% by end of FY2003	DPH, MHDDAD, DFCS, AGING, OFSS
DHR will increase the proportion of DHR Regions with successfully executed Test and Training Plans for: Bio-terrorism –To 85% by end of FY2004	DPH, MHDDAD, DFCS, AGING, OFSS
DHR will increase the proportion of DHR Regions with successfully executed Test and Training Plans for: Bio-terrorism –To 100% by end of FY2004	DPH, MHDDAD, DFCS, AGING, OFSS

DHR will continue to monitor its performance against the components of its Strategic Plan on a quarterly basis.

The DHR Leadership Team will review the Strategic and Operational Plan performance measures quarterly and determine any actions that should be taken to improve plan performance. To further ensure accountability, progress on key objectives is being included in management performance plans.

2. STRATEGIC IT PLAN EVALUATION

OIT established a Project Management Office in FY2002 to improve its overall ability to manage DHR IT Project Initiative Requests and to track IT Initiative progress from initial submission to implementation.

Quarterly, OIT will prepare a report for the DHR Leadership Team that summarizes the current status and any issues for each of the IT project initiatives included in the Strategic IT Plan for FY2003.

3. STRATEGIC WORKFORCE PLAN EVALUATION

Strategic Workforce Planning is the newest element in Georgia's overall strategic planning process. For FY2003, the Strategic Workforce Team significantly grew and improved the FY2002 Workforce Plan. They enhanced the information about workforce trends, performed extensive analysis about the needs of the DHR workforce, and suggested strategies to address those needs.

Based on the Workforce analysis and recommendations, the DHR Leadership Team confirmed 6 key HR Strategy Areas for FY2003. After additional review and prioritization, a specific Pilot initiative(s) will be defined under each key Strategy Area. A measurement and evaluation plan will be defined for each new initiative. DHR will continue the process for monitoring the implementation progress for these key HR initiatives on a quarterly basis.

4. EVALUATION OF OTHER STRATEGIC INITIATIVES

Some business initiatives are department-wide. DHR is planning to implement a DHR Program Management Office (PMO) to oversee processes that define, justify, prioritize, approve and monitor large critical business projects that impact more than one Office or Division (e.g. cross divisional Business Process Re-engineering, HIPAA implementation).

This PMO will focus on evaluating the DHR portfolio of projects that enable the Department to deliver human services that meet the needs of Georgia citizens.

Section 6 **Link to** **Results-Based Budgeting**

- [Section 1](#) Background
- [Section 2](#) Strategic Business Planning
- [Section 3](#) Strategic Information Planning
- [Section 4](#) Strategic Workforce Planning
- [Section 5](#) Measuring Plan Performance
- [Section 6](#) Link to Results-Based Budgeting



1. [Focus of DHR Strategic Plan](#)
2. [Focus of Results-Based Budgeting](#)
3. [Suggested Next Steps](#)

Strategic planning and Results-Based Budgeting are both management processes aimed at improving DHR's overall performance.

The State of Georgia has implemented two management processes in recent years in order to improve the overall performance of State Agencies:

- Strategic Planning
- Results Based Budgeting (RBB)

An underlying assumption would be that the Strategic Goals, Strategic Objectives and Long-term Outcomes for an agency would form the basis for developing RBB targets. A comparison of DHR's FY2003 Strategic Plan and its FY2001 Results Based Budgeting targets as they currently exist, however, indicates that we need to develop RBB targets that can clearly report progress toward these more broadly based, strategic-level goals.

In addition, since funding for FY2003 has already been requested, DHR's FY2003 Strategic Plan is really a view of FY2004 and beyond. And while, the goals and objectives defined in this plan will begin to take shape in FY2003, any major funding requirements will be requested in the FY2004 budget cycle and beyond.

1. FOCUS OF DHR STRATEGIC PLAN

The **Guidelines for Georgia's FY2003 Strategic Planning Process** define strategic goals as "broad areas of endeavor that must be addressed if the agency is to make progress towards its vision . . . They are the first steps in transforming vision to action." DHR's Strategic Goals in Section 2 clearly meet this definition but they do not directly focus on individual programs or client outcomes.

DHR's Leadership Team set out to make its FY2003 Strategic Plan a true Department Plan – not an aggregation of multiple unit plans. This approach is viewed as critical to encouraging higher levels of cooperation and collaboration across DHR's Divisions and Offices to better serve its clients and improve program effectiveness.

One example of this FY2003 approach is the re-grouping of IT Initiatives from Departmental and Division / Office IT Initiatives into four major DHR-wide areas of focus:

- **Client / Case Management** – DHR has identified eleven IT Initiatives that track client demographic or case history information. This view is the first step to enable a view of Client / Case Management information, and to use automation to help us serve clients better.
- **General Public Health and Safety** – With consideration of the events of September 11, 2001 as well as other public health issues, DHR has identified five IT Initiatives that enable DHR to track and improve the overall health and safety of Georgia citizens.
- **Oversight** – Four IT Initiatives focus on enabling DHR to provide effective oversight of various providers, funding sources, regulatory compliance and other citizen responsibilities.
- **Infrastructure** – A significant number of IT Initiatives focus on implementation of a technical infrastructure to enable DHR to achieve the FY2003 Strategic Goals and Objectives.

A key component of DHR's overall planning process is to develop Operational Plans for each Division and Office that is aligned with the Department's overall Strategic Plan.

A key component of DHR's overall planning process is to develop Operational Plans for each Division and Office that is aligned with the Department's overall strategic goals, long-term outcomes, strategic objectives, and implementation strategies. Appropriately, these Operational Plans will focus on programs and related client outcomes.

2. FOCUS OF RESULTS-BASED BUDGETING

RBB measures delineated for DHR for FY2003 focus on programs and related client outcomes as a means of measuring overall program effectiveness. This approach is intended to encourage agencies to use RBB data to identify well performing vs. under-performing programs and then adjust their program mix to optimize outcomes. OPB has indicated that future funding could be linked to these outcomes.

RBBs will continue to be a key management tool for DHR in FY2003.

RBBs will continue to be a key management tool for DHR in FY2003, and should be related to DHR's FY2003 Strategic Plan. The most logical link would be to tie the RBB measures to the FY2003 Long-Term Outcomes for the Strategic Goals, and to the key measures for the Strategic Objectives (See Section 2). This means that DHR, through working with OPB will need to develop outcome measures that will report broadly focused client outcomes, encompassing several programs or activities.

Based on DHR's overall planning process above, it appears that the RBB measures are currently closely tied to the Division and Office Operational Plans, since these plans are more program-focused.

3. SUGGESTED NEXT STEPS

In order to develop the most effective linkage between DHR's FY2003 Strategic Plan and its FY2003 RBBs, the following approach is suggested:

- DHR will provide OPB with a copy of its Division and Office Operational Plans once they are completed.
- OPB and DHR will establish a joint team whose mission will be to develop a proposed list of RBB measures for FY2003 based on both DHR's FY2003 Strategic Plan and the Division and Office Operational Plans.
- Management of OPB and DHR will meet to finalize the proposed RBB measures for FY2003.

Appendices

(Appendices available on request. Some workforce details may not be available due to employee confidentiality considerations.)

Appendix:

A. DHR Organization Chart

B. DHR Strategic Planning Process Overview

C. DHR Environmental Scan

D. Business Function Hierarchy Diagram

E. Business Function to Strategic Objectives Matrix

F. FY2003 Business Planning Model and Rationale

G. Business Functions to Organization Matrix

H. Subject Areas Matrices

1. Subject Areas to Organization
2. Subject Areas to Business Functions
3. Subject Areas Distribution

I. Information Needs to Business Function Matrix

J. IT Project Initiatives Matrices

1. IT Initiatives to Strategic Goals
2. IT Initiatives to Strategic Objectives
3. IT Initiatives to Business Functions
4. IT Initiatives to Information Needs

K. IT Project Initiative Descriptions

L. WFP: Jobs within Job Groups

M. WFP: Workforce Environmental Scan

N. WFP: Projected FTE Needs

O. WFP: DHR Workforce Profile Data

P. WFP: Targeted Jobs for Competency Planning

Q. WFP: Workforce Competency Session Reports

R. WFP: Business and Staffing Outlook Trends

S. WFP: Integrated Workforce Strategies